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ABSTRACT

This report synthesizes research findings with observations of three Pacific Northwest sites attempting service integration in rural settings. At case-study sites in Washington and Oregon, rural schools, communities, and service providers collaborate to deliver services to students and community members suffering from high unemployment, alcohol and drug abuse, teen pregnancy, and increasing levels of physical and sexual child and spouse abuse. Four general areas of needs identified at the three sites were multiplicity of diverse needs, geographic access to services, increase of service coordination, and co-location of services. Some common aspects of program governance and operations were: (1) one organization or agency assuming leadership responsibility; (2) school district boards of directors' support of the schools' involvement in integrated service efforts; (3) comprehensive services targeting the needs of the whole family; (4) a preventive approach to service delivery; (5) a "one-stop shopping" model; (6) the active role of the school in collaborative efforts; and (7) development of an improved sense of community. Case-study sites implemented many practices consistent with recommendations found in the research and other literature. Two areas identified for possible improvement were prevention orientation and synergistic procedures and process among the agencies involved. Contains 33 references and 38 suggested readings. (KS)

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THE Northwest Regional Educational Laboratory

PROGRAM REPORT

ED 364 368

TOWARD INTEGRATED FAMILY SERVICES IN RURAL SETTINGS:

A SUMMARY OF RESEARCH AND PRACTICE

Prepared by:

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U.S. DEPARTMENT OF EDUCATION
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A SUMMARY OF RESEARCH AND PRACTICE

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September 1, 1993

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EXECUTIVE SUMMARY

It is not surprising that rural children are very similar to inner city children when considering their dimensions of poverty, education, health, and access to social services. Regardless of previous images of idyllic rural life, rural children are less healthy, poorer, less educated and generally worse off than other American children. Although resources to support integrated services in rural settings are limited, there are sites which have implemented integration/coordination approaches to improve the quality of their students' and community members' lives.

This synthesis report combines the findings of research with the observations of individuals attempting service integration in rural settings. It reports how rural schools, communities and service providers collaborate to deliver services to students and community members suffering from high unemployment, alcohol and drug abuse, teen pregnancy, and increasing levels of physical and sexual child and spouse abuse.

The utilization and degree of service integration varies greatly across the region. To gather necessary interview data from those locations pursuing service integration approaches, three case study sites were investigated for this synthesis. The sites are:

- The Glendale-Azalea Skills Center in Glendale, Oregon
- The Illinois Valley Family Coalition in Cave Junction, Oregon
- The ARIS (At Risk Intervention Specialist) Program in Inchelium, Washington

This synthesis is organized into three major sections and details the primary qualities of research findings with actual service integration practice in the Pacific Northwest. Following are the highlights of the major findings in each of these sections.

Service Delivery Needs

Four general areas of rural family needs calling for coordinated family services were identified in the case study sites. They are:

- Multiplicity of diverse needs
- Geographic access to services
- Increase of service coordination

- Co-location of services or "one stop shopping" seen as the answer to service integration

Many of the socioeconomic problems facing these case study sites parallel those facing other rural communities and schools. Research and practice indicate that rural America is indeed facing a compelling list of needs equal to, or exceeding, those found in metropolitan settings. The difference is a lack of an infrastructure and delivery system to assist rural Americans cope with these problems. The solutions lie not in simply identifying the needs but rather in developing mechanisms which will address them.

Governance and Operations

Governance

In each site one organization or agency assumed leadership responsibilities among the participating agencies. In the Glendale-Azalea Skills Center, the Glendale Public School District clearly assumed these responsibilities. The school district board of directors adopted a new policy authorizing a Skills Center Site Council to make operational decisions. The Illinois Valley Family Coalition's Board of Directors is the governing body assuming leadership responsibilities in the Cave Junction area. This body has adopted a set of By-Laws authorizing their governance and administration of the coalition. The At-Risk Intervention Specialist Program employed at Inchelium School District is jointly supervised by Washington State University and the Inchelium Superintendent of Schools. Although the School District Board of Directors authorized the school's participation in the project, it leaves the governance and operational decisions to the superintendent's prerogative.

These case study sites providing coordinated/integrated family services have been doing so for only a short time. They have faced numerous challenges and problems in developing a coordinated service delivery program involving several service providers Although these sites have developed independently and are isolated from one another, several commonalities in the governance and operations of their service delivery efforts emerged from the interview data. They include:

- School districts' board of directors authorizing and encouraging the schools' involvement in integrated or coordinated services efforts
- Delivering comprehensive services targeting the needs of the whole family
- Emphasizing a preventive approach to service delivery
- Establishing a "one-stop shopping" model

- The school taking an active role in the collaborative efforts
- Each site seeking to develop an improved sense of community

Operations

The following elements taken from the research and other literature and from the case studies were significant in the coordination/integration of services examined in these rural sites:

- These sites adopted, either formally or informally, an organized series of steps to direct the implementation of the integration efforts which facilitated collaboration.
- These sites were more engaged in delivering intervention services than they were in delivering prevention services. The importance of prevention was not overlooked, it was rather a matter of the immediate intervention needs taking precedence.
- Inter-agency collaboration in the sites in this study is much more aligned with the coordination design than with true integration as defined by Nissani and Hagans (1992). The primary reason is that the integration of service delivery is developmental in nature. Interview data indicate that individual agencies are not willing to move quickly from independent operations to those that integrate their resources, policies, and administrative rules and regulations.
- Utilization of the following key operational components assisted in the success of these sites:
    - Family Centered Service Delivery
    - Comprehensive Service Focus
    - Family Empowerment Focus
    - Local Community Focus
- Community members reflected an attitude similar to that noted by Kohlenberg and Kohlenberg (1991) of expecting to solve local problems. Furthermore, some community members also developed a willingness to become "natural caregivers" to provide solutions. However, unlike Kohlenberg's findings, the community members in these sites willingly sought outside expertise for problems beyond their capabilities.
- Each site strove to create a co-location of services employing a single point of entry for their clients.

Each of the case study sites had a particular set of experiences with service coordination and integration that differed from the others. One site, Inchelium, demonstrated the value of a person, the ARIS, as the focus of coordination/integration; the second, Glendale-Azalea, demonstrated the value of facilities (the place) being the focus for one-stop shopping; and the third, Illinois Valley, demonstrated the value of the institution (the board of directors and policy structure) as the focus of service coordination and integration.

It appears that none of these sites has a distinct advantage over the others. The three elements of a person to lead the efforts, a facility to house the service providers, and a new institution with an existing board of directors and a governance structure are equally necessary. The three case study sites share many similarities in their delivery of services, foremost of which is a strong belief in the value of coordinated family service. They simply started in different places and with different approaches to implement their philosophy.

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PREFACE

Each year the Northwest Regional Educational Laboratory's Rural Education Advisory Committee selects a topic for the Rural Education Program to report on. The Committee is composed of rural educators, business leaders, community and parent leaders, and higher education representatives from Alaska, Idaho, Montana, Oregon, and Washington. The Committee members consider these topics to be of particular concern to Pacific Northwest rural schools and communities. The Rural Education Program annually conducts a research synthesis on the committee's selection that describes available research findings and current field practice. The syntheses are designed to be resources for use by rural education practitioners, policymakers, and researchers.

In 1992, the Committee selected the topic of integrated family services in rural settings. Literature describing integrated services in urban areas is much more prevalent than any detailing rural practice. However, the Rural Education Program knew that service integration was occurring in some rural schools and communities around the region. Further, there is an increasing emphasis on service integration policy to ensure that rural children and families have access to comprehensive social, health and education assistance. The report contains three case studies in which community and school-level service integration exists that expands service delivery to rural families. The interview data taken from these case studies describe the processes these rural communities and schools developed to effect integrated services. These processes are then compared to research findings and other literature reports on service integration.

This synthesis discusses the fundamental characteristics involved when agencies attempt to integrate their service delivery. Elements of these characteristics include: the major goal for improving family services in the community; the scope of services provided; the governance and organizational structure; the benefits of service integration; and the acquisition and deployment of resources. The findings are not intended to be generalized, but rather, to be depictions that rural educators and community members may learn from or replicate. Of equal importance, the case study sites are also not intended to be exemplars of "true" integration but instead, are descriptions of actual practice in the rural northwest at the time the interviews were conducted.

This report is organized into sections examining the fundamental characteristics identified above. The sections are grouped under the following broad categories: the need for integrated services in the case study sites, the governance and operations of these integrated efforts, a summary of findings, and conclusions and observations. Each section is subsequently divided. Evidence drawn from interview data is presented and discussed followed by a sub-section comparing these results to research findings and other literature publications.

CASE STUDY SITES

The utilization and degree of service integration varies greatly across the region. To gather necessary interview data from those locations employing service integration approaches, three case study sites were investigated for this synthesis. The three sites are:

- The Glendale-Azalea Skills Center in Glendale, Oregon
- The Illinois Valley Family Coalition in Cave Junction, Oregon
- The ARIS (At Risk Intervention Specialist) Program in Inchelium, Washington

Brief descriptions of these three sites are provided below.

The Glendale-Azalea Skills Center

Glendale School District is located in Glendale, Oregon, the southernmost city in Douglas County. It is situated approximately 50 miles from the county seat in Roseburg where most of the state and county service providers are located. The city has a population of 610 residents and is nestled in a picturesque valley just west of Interstate Highway I-5. The school district serves a student enrollment of 645 for grades K-12 drawn from a district population of approximately 2,000 residents. As is common in most rural areas, the school is the center of most of the community's activities.

This is Oregon lumber country, and has been for decades. Timber and timber-related industries had been the backbone of the economy providing jobs, money, and a way of life for its workers and their families. Practically all of the area's economic well-being and stability rested on the various components of timber production. The community's economic future was secure and predictable, until the late 1980's when plummeting lumber supply and demand closed one of only two timber and plywood mills in town. The lumber and plywood industry was the community's primary economic base. The mill closure had tragic consequences for almost every element of the community--unemployment reached as high as 50 percent of the available work force before it began to stabilize. Although Superior Lumber was able to remain open, technological advances in lumber mill production reduced the number of workers it employed.

Isolated and distanced from traditional state and county human service providers, many of the residents could not even afford to travel the 50 miles to Roseburg, the county seat. This prevented them from receiving minimal assistance from such state and county agencies as Adult and Family Services, Children Services

Division, or training from Umpqua Community College. School District Superintendent Dr. Gerald Stinnett realized the community needed to provide office space for the various service providers. He hoped that if free office space were available, the service providers would regularly visit Glendale and bring assistance to community members. With that goal in mind, Stinnett persuaded Steve Swanson, manager of Superior Lumber Company in Glendale, to donate two mill office buildings to the school district to house the new training and service facilities. Superior Lumber also paid for the costs of renovating the buildings and has agreed to pay for all maintenance and utility costs for two years.

Swanson's interest in the partnership with Glendale School District is community wide. He supports school-linked comprehensive family-based service delivery but also wants to the skills center to provide technology training for his mill employees. He is convinced that in order for his products to remain cost effective in international markets, his workers need ongoing technology training. Plans are being made to work with Umpqua Community College to provide adult training classes at the skills center to attend to these concerns.

The Illinois Valley Family Coalition

Cave Junction, Oregon is in Josephine County, situated approximately 30 miles west of Grants Pass, Josephine County Seat, and 13 miles from the California State border. The city has a population of 1,165 and straddles Oregon State Highway 199 connecting this part of southwestern Oregon to Highway 101 and the northern California coast. The community is located in the picturesque Illinois Valley which is much appreciated by its residents for its beauty and relaxed life style

Living in the Illinois Valley, however, is becoming increasingly more of a hardship. Cave Junction is isolated with few social services and those that are provided are limited, at best. Residents have long depended on the lumber industry as their primary industrial base and source of employment. However, the lumber industry now suffers from significant reductions in production causing mill worker lay-offs and mill closures. These depressing economic conditions have increased the incidence of students and families being at risk of crisis. Indicators of this situation include:

- High unemployment and a higher than average number of families with incomes below poverty levels
- The number of Illinois Valley's elementary students at risk of facing school failure is 40 percent higher than the Josephine County average, the highest in the state

- Alarmingly high levels of teen pregnancy and teen parenting, considerably above county and state averages

- The number of high school students at risk of school failure exceeds county and state averages

All Josephine County schools are consolidated into Josephine County Unit School District with the exception of Grants Pass City School District 7. The Josephine County School District Unit has an elementary, a middle, and a high school located in Cave Junction.

The Illinois Valley Family Coalition was formed when a group of valley residents, many of whom are employed by local, county, and state caregivers, became concerned about the lack of coordination in service delivery. The group held a meeting in Cave Junction in April, 1992 to discuss how to improve social service delivery for Illinois Valley residents. During the course of this meeting, the participants created the coalition with the express purpose of facilitating service delivery. Caregivers who were represented include: Illinois Valley High School, Teen Parenting, Illinois Valley Alternative Center, Project Baby Check, Children and Youth Services Commission, Headstart, Early Intervention, State of Oregon Children's Services Division, Family Friends, and Plowshare. One of the group's primary goals was to construct a community center in which they co-locate services in a "one-stop shopping" format.

The At-Risk Intervention Specialist (ARIS) Program

Inchelium, Washington, population 1,054, is in northeastern Washington, located on the shores of Franklin D. Roosevelt Lake, on the eastern boundary of Ferry County. Unincorporated, it is situated approximately 50 miles southwest of Republic, the Ferry County Seat, and 40 miles southeast of Colville, the nearest city. Colville lies across Lake Roosevelt in Franklin County and has a population of 4,370. Inchelium is in a particularly beautiful part of the state, but it is very isolated. No state highway runs close to this community, county roads connect it to the nearest state highway, some 30 miles away. There is a ferry available to cross Franklin D. Roosevelt Lake, to the east, but it only operates during daylight hours.

Inchelium resides in the Colville Confederated Tribes Indian Reservation. The reservation contains 13.1 million acres, comprising 2,116.6 square miles. The reservation covers the lower half of Ferry County and the southeastern quarter of Okanogan County. Although Inchelium is in a very attractive part of the state, living there is becoming more of a hardship. The community suffers from high unemployment, high drug and alcohol abuse, high family violence and sexual

assault, and an acutely high incidence of suicide. Social service delivery has been limited and fragmented when available.

The Inchelium School District has approximately 275 K-12 students. Of these 275 students, 80 percent are Native Americans, 56 percent receive free lunches and breakfasts, and the average score on standardized achievement tests is in the 35th percentile. In addition, this school suffers from a high truancy rate, a high substance abuse rate, and a high suicide rate (an average of 3.5 per year). The school district responded to this high at-risk population by reaching out to other state and community agencies.

Inchelium School District and community became an ARIS (At-Risk Intervention Specialist) site when it networked with Washington State University, the Office of Public Instruction, the Department of Social and Health Services, and some Colville Confederated Tribal social agencies. These participating agencies agreed to network in an effort to reverse the serious student and family educational, social, and health needs threatening the family's health and the student's success in school. A program strategy emphasizes school and community collaboration to offer needed integrated services to at-risk students and their families.

SERVICE DELIVERY NEEDS

What motivates rural schools and communities to integrate services for their students and other community members? In each of these case study sites, individuals interviewed mentioned a long list of community educational and social needs that eroded citizens' quality of life. Spawning many of these ills was a stagnant economy which created a high unemployment rate affecting as much as 50 percent of the eligible work force. Two of the sites in this case study had a major plant or mill which provided most of the jobs supporting each community. Unforeseen factors forced either the closure of these mills or a severe reduction in production causing a significant lay off of employees. Workers, skilled to work in this one industry, faced limited employment prospects, threatening their family's future. As unemployment benefits ended, poverty increased, a natural consequence of a high number of adults lacking necessary job skills for future alternative employment. High unemployment of these wage earners exacerbated family stress and dysfunction, which in turn, had an adverse affect on their communities. Indicators of family dysfunction are numerous social problems such as increased rates of spouse and child abuse, sexual assault, high teen pregnancy and teen parents, mental health needs and substance abuse, all creating unhealthy environments for children. There is increasing evidence that attending to the family's needs as a whole is the best method of ensuring that children receive the full array of services they need. Healthy families in which children are happy and ready to learn are a primary goal for integrated services and the nation's schools. Sherman (1992) stresses:

> The first and most important providers of children's needs are parents, and public policies must be designed to support parents in this role. Business, religious congregations, the private nonprofit sector and communities must actively support parents as well, especially in rural areas where families' isolation makes these support networks essential . . . All children need to grow up in families that can meet their basic needs: Food, clothing, and a safe home. (p. 8)

Not surprisingly, rural children are very similar to inner-city children when one considers their dimensions of poverty, education, health, and access to social services. Regardless of previous images of an idyllic rural life, rural children are less healthy, poorer, less educated, and generally worse off than other American children (Lutfiyya, 1993).

Common among these case study sites was a fragmented and diluted social service delivery system which neglected rural citizens unable to come to urban service centers.

Common among these case study sites was a fragmented and diluted social service delivery system which neglected rural citizens unable to come to urban service centers. High unemployment prevented children from escaping low family income, or, in many instances, poverty. Integrating family services is a means of attending to all of the family's needs which increases the chances of students succeeding in school, but schools can no longer be expected to completely meet every student's developmental needs. School officials have long known it is most difficult to educate children whose existence is threatened by hunger, poor health, poverty, malnutrition, abuse, fear, and a feeling of hopelessness. These students are absorbed by larger concerns than what is occurring in their classrooms. All of these needs are better addressed when the entire family unit is the locus of service delivery.

School officials have long known it is most difficult to educate children whose existence is threatened by hunger, poor health, poverty, malnutrition, abuse, fear, and a feeling of hopelessness.

The Glendale Azalea Skills Center

The principal goal for integrating family services in the Glendale School District was to improve students' readiness for school in all grades, K-12. It was recognized that the well-being of the entire family unit had to be the focus. To do this, the school district needed outside help. Superintendent Gerald Stinnett explains:

> Well, the motivating factor from the beginning was the need for kids of all ages to arrive at the school more ready to learn. There were many reasons: everything from not having breakfast to not having any meals, to family conflict, to parents being involved in drugs and alcohol, and to kids being sexually and physically abused.

Another alarming concern was a high rate of attempted teen suicides that was three times the state average.

The school district decided to profile community members for information to identify needs. The district used census data, public records, and other public information available from social service agencies. School leaders found that a high percentage of their adults had never finished their basic education and were living at or below poverty level. A very high percentage of workers were unemployed and the welfare recipient rate was at twice the state average. Another alarming concern was a high rate of attempted teen suicides that was three times the state average. The data indicated that Glendale was not a healthy community. For example, in the same family, the first grader was being sexually abused, the ninth grader was using drugs and alcohol, the twelfth grader had attempted suicide and the parents were going to jail for some type of adult misbehavior. This led Stinnett to the conclusion that the school district needed to create a "one-stop shopping" approach which would assist every family and community. Stinnett continues.

> I still believe that kids reflect the family they live in. You can't just talk about the child and giving him services once he gets to school. You can't leave the family out when you're talking about helping getting kids ready to learn. I quickly realized that we needed a holistic focus on all of the family's needs if we ever hoped to make a difference in all students' readiness to learn in school.

Once the needs were identified, and a solution (one-stop shopping) found, another problem arose. Service providers were located in Roseburg, 50 miles away. Isolated and distanced from traditional state and county service providers, many

community members did not have dependable transportation or the money to travel the 50 miles to Roseburg to apply for many of the public services. This prevented them from receiving minimal assistance from such state and county agencies as Adult and Family Services, Children Services Division, or training from Umpqua Community College. Access to comprehensive services was the issue.

Suitable office space had to be located in Glendale. The school district needed help in securing facilities to house the service providers. Superior Lumber Company had recently decided to build a new office building and move from their old ones. This move would leave the old offices unoccupied. Stinnett persuaded Steve Swanson, manager of Superior Lumber Company in Glendale, to donate two buildings to the school district to house the new training and service facilities, the Glendale-Azalea Skills Center. Superior Lumber also paid for the costs of renovating the buildings and has agreed to pay for all maintenance and utility costs for two years.

The mill also realized it had to be more technologically advanced in order to compete in international markets. Superior Lumber wanted their local workers to upgrade their job skills to operate their computerized mill equipment. If at all possible, they wanted to train their presently employed workers. They did not want to go out of the community and hire new workers, but they did need a place to train their workers. Swanson and Stinnett struck a bargain in which the mill provided building facilities of about 8,000 square feet in exchange for the school district arranging needed computer training for their employees. Swanson describes his company's commitment and expectations:

> . . . we're in it for two things. First, of all we do have a commitment to the community and we think it's a good project. Number two, we expect to get some needed training for our employees. It's a scratch my back, scratch your back routine where it's going to help us both out.

The Illinois Valley Family Coalition

Cave Junction is an isolated community with limited resources located 30 miles southwest of Grants Pass. Community leaders and other local citizens working for federal, state and county service providers formed the Illinois Valley Family Coalition to improve service delivery for their needy citizens. Community social needs are staggering:

- The area has the highest teen pregnancy rate in the state. (One respondent said there are 54 parenting or pregnant teens out of a high school student population of 424--approximately 13 percent of all students.)

- 80 percent of high school students are at risk of dropping out of school.
- The number of at-risk elementary students is 40 percent above the county average.
- The valley residents suffer above average child abuse.
- The available work force faces high unemployment (28 percent).
- Residents command the lowest per capita income in Josephine County, (for many families income is at only 48 percent of the poverty level).
- There are accelerating day care and pre-school needs (Head Start is able to serve only 25 percent of the eligible children).
- Community members need increasing mental health services.

Local citizens were being denied services they were entitled to receive simply because they lacked the ability to get to service centers.

One consequence of high unemployment and low income is that many needy residents lack the transportation to get to Grants Pass where most of the social service agency offices are located. Local citizens were being denied services they were entitled to receive simply because they lacked the ability to get to service centers. Compounding the situation of unreliable transportation is the fact that there is a shortage of office space in Cave Junction. This lack of available office space prevents many service providers in Grants Pass from coming regularly to Cave Junction.

Residents in the valley feel that because of the distance and isolation from the county seat, social service delivery to the Cave Junction area received a low priority. Another concern the residents held was that whatever services were provided through county mental health or state and federal agencies didn't have any kind of coordinated input or gatherings. John Meengs, President of the Illinois Valley Family Coalition, explains:

> Here are two big problems. One is the lack of service, and secondly is the lack of coordinated service. Josephine County and particularly the Illinois Valley come up on the bottom of the lists in terms of income and have higher proportions of Adult and Family Services families. I think that the figure for free lunch for the school population in the valley is about 80 percent.

Tom Drummond, member of the Board of Directors of the Illinois Valley Coalition describes the pressing needs facing service receivers in Cave Junction:

> There is no transportation. We have a lot of poor families, it's thirty miles from Cave Junction to Grants Pass for service, and these people have no way of accessing the services. We have problems in Illinois Valley of programs not having adequate space for the service providers. If the space were available, they would come out here. There is a need for centralizing services so families can go to one location for a whole lot of different answers.

The Coalition wants to construct a family center in which all of those services located in Grants Pass are available to needy families in the Illinois Valley. Furthermore, the Coalition wants to bring together in one location the service providers who will help the whole family get back on its feet. As Sara McDonald, Coalition board member says, "It is not just for kids. You're not helping kids unless you help the family".

The At-Risk Intervention Specialist (ARIS) Program

The Inchelium School District in rural northeastern Washington serves approximately 275 K-12 students. Of these, 75 percent are Native Americans, 56 percent receive free lunches and breakfasts, and the school average on standardized achievement tests is at the 35th percentile. The school labors under a high truancy rate, a high substance abuse rate, high incidence of family violence, and a high suicide rate averaging 3.5 per year. Family violence has a tragic effect on school truancy and on students dropping out of school before graduation (Oaks, Richard 1993).

Inchelium has a high drug and substance abuse rate among its adults which is a major cause of spousal and child abuse. Wade Thompson, Colville Confederated Tribe Mental Health Technician, describes Inchelium:

> This is a very violent community I might say. I was raised here and that is one thing. I have worked in all four of the nearby reservation communities here in eight years and this (Inchelium) is one of the most violent of all of them. You see the things that happen--suicides are all gunshot--instant death. Domestic violence issues are usually someone getting hurt pretty bad when it happens.

Another tragic consequence of child abuse is that it greatly increases the chances of students dropping out of school. Inchelium School District Superintendent, Dr.

Gordon Wallace, describes the long-term effect of child abuse on students' educational future:

> If the child is physically or sexually abused, both of which occur pretty often in this particular community, that child is at risk of dropping out of school eventually. Maybe not tomorrow, but eventually.

Traditional approaches dealing solely with these high at-risk student behaviors had been largely ineffective. The school district, therefore, decided that new steps had to be taken in order to reduce these risk factors. The use of an ARIS (At-Risk Intervention Specialist) who worked at coordinating the efforts of all involved service providers appeared to hold promise. Inchelium School is collaborating with Washington State University, Department of Elementary and Secondary Education; Department of Social and Health Services; Office of the Superintendent of Public Instruction; Department of Community Development; Colville Tribal Council; and Department of Employment Security to form a school-based, family-centered project to serve at-risk students and their families. The project, At-Risk Intervention Specialist (ARIS), addresses Inchelium School's increasing number of students who are having difficulty staying in school and who often drop out prior to completion of their middle or high school programs. Identification of at-risk students is based on critical school and personal risk indicators, such as excessive absenteeism, chronic inappropriate behavior(s), low or failing grades, health problems, abuse, or neglect (Oaks, 1992).

Several commonalties exist among these case study sites which led them to seek methods to integrate family services. High unemployment exists in all of the sites as do low family wages--in some instances, below poverty level. All of the sites are isolated from metropolitan service providers and many families lack the necessary resources to pay for round-trip transportation to these centers. Many families simply could not afford this expense. Aggravating the transportation factor is the fact that the few families who could afford these travel expenses often had to drive to several different locations in the urban area to apply for basic family services. The agencies did not provide anything like a "one-stop shopping" location with a single point of entry in which they consolidated their services to ease the transportation problems. This was very inconvenient.

Other common characteristics among the sites were family dysfunction involving: family violence--including spouse and child abuse; sexual assault; increased need for family and mental health counseling; high alcohol and drug abuse; increasing teen pregnancy and parenting needs; and, adult educational and displaced workers' re-training. Clearly, the effects of a child living in a dysfunctional family erodes his or her school performance. Limiting services to those provided in the school setting is inadequate--it does not do enough. It became obvious that the complete family unit must be the focus of service delivery. The schools, working alone,

knew they were unable to reverse the effects of a dysfunctional family environment and needed to coordinate their efforts with all service providers assisting families. These schools and communities decided to employ a holistic approach that coordinates social, educational, mental health job training and employment services.

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In summary, four general areas of rural family needs calling for coordinated family services have been identified in these case study sites. They are:

- Multiplicity of needs
- Geographic access to services
- Increase of service coordination
- One-stop shopping facility seen as the answer to service integration

Research Literature Findings

Many of the socioeconomic problems facing the sites in this study were consistent with research findings on problems facing other rural communities. Most of these problems are often interrelated and, many times, the creation of one spawns others which cause a "multiplier" effect with increasing negative impact on the family. Rural residents continually suffer from a multitude of needs greater than their urban counterparts. Rural families, on the average, also possess fewer coping skills than do urban families to deal with the stresses they confront causing greater strain on all family members (J. L. Bokemeier & L. E. Garkovich, 1991).

Schmuck and Schmuck (1992) reported that many rural communities are in severe economic jeopardy. Traditional, small, basic industries, which often supported rural communities, have closed leaving their workers and community residents facing unknown economic hardships. For example, the mining, agriculture, and timber industries no longer support the rural economic life they did as recently as a decade ago.

> Mineral deposits have been mined, families' farms have been purchased by corporations, labor-intensive agriculture has become mechanized, less and less timber has been available for cutting, and many small industries have been forced to shut down. (p.145)

Because of these economic conditions, most rural families risk financial instability leading to underemployment, unemployment, and poverty. This instability creates further crises and problems because these families have fewer resources to cope with the economic needs of rural living. They face a higher possibility of lacking the necessary finances to pay for unexpected events such as automobile mechanical breakdown, sudden illness, or home repairs. Bokemeier and Garkovich (1991) noted that rural families without a dependable cash flow do not sustain a quality of life or standard of living comparable to urban families. This results in higher family stress that may lead to a breakdown of the family structure.

Sherman (1992) found that displaced rural workers faced a more stagnant labor market and had a much more difficult time finding re-employment and re-establishing their financial stability. An economic policy institute reported that rural workers not only face higher risks of losing their jobs because of more rural economic disruptions, but they also suffer longer periods of unemployment. And when they do locate new jobs, rural laborers sustain losses in earnings of 12.3 percent below their previous job compared to urban workers facing a loss of 5.2 percent. Because of these factors, high unemployment and financial instability are conditions causing much more living stress for rural citizens and their families than for their urban counterparts. Bokemeier and Garkovich (1991) report that:

> . . . when people perceive blocked opportunities or experience changing work hours or conditions or fluctuating incomes they have psychological and physical responses in terms of stress, depression, unstable family life, and illness. (p. 118)

Rural areas have traditionally had poverty rates far above the national average, further impeding their access to service delivery. Not only do rural areas suffer from high rates of poverty, they are more likely than the urban poor to be long-term poor. A recent study indicated that, " . . . between 1976 and 1985, 7.8 percent of the able-bodied poor in rural areas were long-term poor compared with only 4.4 percent in urban areas" (O-Hare & Curry-White, 1992, p. 2).

Spears, Combs, and Bailey (1990) compiled the following list of changing social-economic conditions facing rural residents. These factors dilute their life styles and greatly hobble their opportunity for educational, social and economic parity with metropolitan Americans.

- An aging population--an increasing larger proportion of older rural Americans
- Increasing cultural diversity

- Increasing need for economic diversity
- Increasing numbers of single parent and blended families
- Increasing social problems which accompany a changing society--drugs, crime, and health care concerns are three of the major issues confronting rural Americans
- Increasing adult education needs and demands related to the skills necessary to function in the Information Age
- A decrease of rural isolation brought about by communications technology, creating more awareness of national and international issues
- A widening economic gap between the rural haves and the rural have-nots
- An increasing number of rural families and children living at or below the poverty level (p. 37)

The poverty rate among the rural population was approximately 16.3 percent in 1990 compared with 13.5 percent nationwide (O'Hare, 1992). Despite these figures, the rural poor are less likely than the urban poor to receive public assistance. According to O'Hare (1988), "Since the rural poor are generally less likely than the poor living in cities to receive public assistance benefits, the gap in well-being between the urban and rural poor is even wider than the poverty figures alone would indicate" (p. 12). O'Hare (1988) continues to explain why there is such a large discrepancy in access to services:

> The rural poor are more likely to be living in married-couple families, making them ineligible for the major welfare program, Aid to Families with Dependent Children (AFDC), in nearly half the states. The rural poor are also more likely than the urban poor to be working, which makes them ineligible for some welfare programs. Those living on farms, and therefore likely to have significant assets, may be made ineligible by the "assets test" used to determine eligibility for many welfare programs. Some observers would also argue that pride and "sense of independence" are stronger among rural residents, and that curtails their participation in welfare programs." (pp. 12-13)

Service providers' reduced financial resources have caused a corresponding reduction in service delivery to rural residents. It simply costs more to bring services to remote, rural communities which service providers are finding more and more difficult to pay for (Kohlenberg and Kohlenberg, 1991). Fitchen (1991) found that as increasing numbers of service providers are forced to develop an urban "cost effective" model, more and more rural areas are being underserved. Fitchen also points out that poor people residing in the most remote rural areas are

those most likely to be underserved. The reason for this is that providers are centralizing their service delivery in either the county seat or some other more highly populated central location. The result is that the rural poor or unemployed are neglected because of their geographic location distanced from the urban service delivery centers. Great distances and lack of mass transportation becomes a burden for social service delivery and access. Horner and O'Neill (1981) identified the following characteristics affecting the delivery of and access to such services:

- Rural communities differ in terms of their social structure; the basis of power and influence of decision-makers; the social status systems, values, norms governing personal relationships; and the roles of political officials.

- Relationships tend to be on a personal rather than organizational basis. Informal rather than formal channels are used for accomplishing social service tasks. Friendships, personal trust, and personally-held values are primary variables.

- Rural communities do not have the breadth of formal resources found in urban centers. Linkages for accessing regional resources are difficult to establish.

- Factors of interpersonal relationships and visibility contribute to the accessibility of resources extant in the rural community. The visibility of natural helpers, informal relationships with other professionals, personal linkages with civic, fraternal, and other community organizations open possibilities for both direct and indirect service.

- Consistent with governmental and commercial enterprises, most rural social agencies are branch offices of larger state or regional agencies and are strongly affected by policies made in urban centers. Social workers, like other rural inhabitants, have a sense of powerlessness over external forces which have a high degree of control over their lives.

- Rural and small town inhabitants are highly conscious of the activities and behavior of local social workers. Community surveillance is a key factor in service delivery.

- The rural agency, and, therefore, the rural social worker, is the center of a wide range of problem-solving activity, regardless of the official function of the agency or officially defined tasks of the worker.

- The rural worker is separated from professional support systems and traditional agency supports. (pp. 3-4)

Another important factor compounding rural area service delivery is the diversity among rural locations. Jonathan Sher (1977), a long-time rural educator, describes the differences existing among rural communities:

> Rural America may well represent the single most diverse and heterogeneous group of individuals and communities in our society. The island village off the coast of Maine, a coal mining town in West Virginia, a ranching area in Wyoming, a college town in Minnesota, an impoverished community in the Mississippi Delta region, a ski-resort section of Vermont, a migrant-worker settlement in Texas, an Alaskan Native village near the Arctic Circle, and a prosperous grain-farming area in Iowa have little in common except that they are all classified as rural areas of the United States. (p. 31)

Not only were the residents of the sites in this study underserved and neglected, what service they did receive was fragmented and uncoordinated. Their family needs were interrelated requiring a wide array of services. They sought some form of coordinated service delivery which increased efficiency and enhanced access to all of their needs. Ray Bitsche, director of the Oklahoma County Coalition of Citizens and Professionals for Youth, describes today's family needs:

> The needs of kids, as well as the families they live in, have never been so complex. A typical home may have any of several social problems--teen pregnancy, crime, mental health, or substance abuse. (Pollard, 1990b, p. 3)

Richardson (1989) noted that, primarily because of categorical funding, many family service providers have become highly specialized agencies usually working in isolation. This programmatic approach results in fragmented or duplicated service delivery. For instance, Pollard (1991b) reports that an Arkansas school superintendent knew of a family of six that was served by 25 human services professionals. Successful programs do the opposite--they coordinate service delivery to reduce fragmentation and duplication. This also decreases the overwhelmingly number of caregivers families must talk to and the staggering number of papers and applications they are required to complete.

Given rural areas' high rates of poverty, social structures, geographic obstacles, limited accessibility to services, and vast diversity, a process for serving their individual needs is a difficult task. The integration of social services begins to create a system that can meet the needs of a rural area while remaining flexible enough to be tailored to meet the specific needs of any given community. A natural approach for coordinated family services is to arrange a "one-stop shopping" setting in which families see their caregivers and attend to their service needs at one location and in one trip. There are numerous metaphors, including

"umbrella of services" and "seamless garment of support" for this collaborative effort. What this strategy involves is providing all of the services a family needs in one location. Regardless of its name, the idea is not complex. Social services agencies and schools collaborate to serve their mutual clients in a central location. Families receive appropriate services to meet their needs. This service is delivered in a friendly setting, purposely designed to welcome families and to reduce the amount of paper work and applications they must complete. What "one-stop shopping" or "co-location" does not necessarily guarantee is the coordination or integration of the services themselves. But, it is believed that this co-location will encourage greater collaboration and integration of these services in the future.

The solutions lie not in simply identifying the needs but rather in developing mechanisms which will address them.

In conclusion, many of the socioeconomic problems facing these case study sites parallel those facing other rural communities and schools. Research and practice indicate that rural America is indeed facing a compelling list of needs equal to, or exceeding, those found in metropolitan settings. The difference, as we approach the 21st century, is a lack of an infrastructure and a delivery system to assist rural Americans to cope with these problems The solutions lie not in simply identifying the needs but rather in developing mechanisms which will address them.

GOVERNANCE AND OPERATIONS

This next section examines how service integration occurs at the governance and operations or direct service levels. Because this approach to service delivery is relatively new, it is important to document how different agencies interact among themselves with regard to governance or policy making responsibilities and also to daily operational or direct service responsibilities. We view governance responsibilities as being those which policymakers such as boards of directors, superintendents of schools, social service administrators, and state level policymakers are responsible for discharging. On the other hand, operations is much more involved with direct service delivery. Teachers, social service case workers, and employment counselors are the professionals most responsible for providing these services to their clients. For the purposes of this synthesis the following definitions are used:

> **Governance** includes such things as setting some priorities among all the possible objectives of the organization, allocating resources to meet these objectives, and coordinating the activities of members of the organizations to accomplish the objectives more effectively. (Sergiovanni, Burlingame, Coombs, & Thurston, 1987, p. 183)

Operations: A process of planning, organizing, directing, and controlling organizational behaviors in order to accomplish a mission through the division of labor. (Adapted from Wagner & Hollenbeck, 1992, p. 24)

For the most part, existing integrated service organizational designs operate on a continuum, ranging from independence to interdependence. The various arrangements depend on the degree of interdependence required to accomplish identified collective goals (Intrillgator, 1992).

For the most part, existing integrated service organizational designs operate on a continuum, ranging from independence to interdependence. The various arrangements depend on the degree of interdependence required to accomplish identified collective goals (Intrillgator, 1992). Family service agencies and schools cooperate in meeting the common goals of serving their clients--children and their families. The approach employed by these case study sites was family services through a single point of entry that maximizes use of available resources. Once agencies decide to organize along such a continuum, there is little that is more important than the agreement they reach individually and collectively on their governance and operations.

Governance

The Glendale-Azalea Skills Center

The Glendale-Azalea Skills Center is a branch of the Glendale School District operations. The school district operates the facility which is adjacent to Superior Lumber Mill and is somewhat removed from the downtown area. As such, the school district board of directors governs the Skills Center and its outreach programs. To meet these added responsibilities the school board has adopted a new policy authorizing a Skills Center Site Council to make operational decisions. This policy defines the site council's membership, its operational duties and responsibilities, and its decision making capabilities. Members of the council include service provider representatives, community members, and a representative from Umpqua Community College. A member of the school district board of directors and the superintendent of schools also sit on the site council as a means

of ensuring that the center operates within school district expectations. The Skills Center Site Council is similar to other district building site councils and follows the mandates of Oregon's 21st Century Educational Reform Act. At this point, the Site Council is advisory in nature, making recommendations to the school district board of directors. Glendale Superintendent Stinnett describes how his school district's board of directors sets policy and makes decisions relative to the use of the facility as part of all of the district's operations.

> The bottom line is, though, that the school district owns this organization and financially can never relinquish responsibility because it is budgeted through the school district's budget. And also, the school district is liable for it. Actually, not only the superintendent, but the school district office staff provides the organization, the reception, and the liaison activities for the skill center. So it's always going to be a district operation.

The school district does not set any policy decisions involving other service providers. Each individual agency decides how to provide service to the Skills Center within their existing policy and operational guidelines. For example, Kevin Aguirre, District Manager of Adult and Family Services (AFS) located in Roseburg, explained that he makes these decisions after asking staff for their input. Aguirre explained that AFS's service delivery in the Glendale-Azalea Skills Center remains within regular operational parameters that guide any site intake facility.

The Illinois Valley Family Coalition

The Illinois Valley Family Coalition is a non-profit corporation governed by a twelve-member board of directors with the following elected officers: President, Vice-President, Secretary and Treasurer. The board of directors has adopted a set of By-Laws clarifying the governance and administration of their coalition. In conjunction with the adoption of their By-Laws the board of directors also adopted a mission statement defining their purposes, philosophy, and anticipated outcomes. The board for the coalition makes the general policy governance decisions. Once their new community services center is built, the board intends to have a tenant's council meet on governance issues relative to building usage in the center.

Sections 3.01 and 4.01 of the By-Laws describe the corporation's governance structure.

> **Section 3.01.** This Corporation shall have no members and shall be governed solely by its Board of Directors, whom [sic] shall constitute the entire membership.

and

> **Section 4.01.** The activities, implementation and/or monitoring of affairs and property of the corporation shall be managed, directed, and controlled, and its powers exercised by, and vested in the Board of Directors, except as otherwise provided in these By-Laws. (p. 2)

In addition, Article II of the By-Laws contains the following sections describing the coalition's purposes for coordinating family services in the Illinois Valley.

> **Section 2.1.** To create an atmosphere that encourages agency and program cooperation and interaction in serving children, youth, and their families.
>
> **Section 2.2.** To work with and coordinate activities with other community organizations, agencies, and associations in the furtherance of common goals, to assist families in obtaining self-sufficiency with the Josephine County area, such goals to be consistent with the Corporation's Articles of Incorporation and By-Laws.
>
> **Section 2.3.** To bring community resources for children, youth, and families into a shared space for more effective and efficient service.

Members of the Illinois Valley Board of Directors represent numerous county, state, and federal service providers as well as private citizens who are very familiar with the community members' service needs. Listed below are the different agencies and community members represented. Since so many members of the board of directors work for public agencies they are quite familiar with each other's operations. This professional relationship enhances interagency communications, cooperation, and coordination of service delivery.

- Family Friends
- Josephine County Housing Council
- Cave Junction Kiwanis Club
- Josephine County Mental Health
- State of Oregon Adult and Family Services
- Josephine County School District

- Head Start
- State of Oregon Department of Human Resources Volunteer Division
- Children/Youth Services Commission
- Project Baby Check
- Private citizens

Board member Tom Drummond comments on the board of directors' membership and what the Coalition hopes to accomplish in the Illinois Valley:

> This is a group of people who represent almost every key organization in town as well as community service groups. This has led us to a two-pronged approach. One is to set up a group that can coordinate existing services. The second is to have a central location where all of this can take place. Families can come into one center and deal with a number of leads at one time.

The At-Risk Intervention Specialist (ARIS) Program

The At-Risk Intervention Specialist (ARIS) Program is jointly supervised by Washington State University and the Inchelium School District Superintendent Dr. Gordon Wallace who serves as Project Director. Washington State University and Wallace want the community members to perceive the At Risk Specialist (Virginia LeaderCharge) as a student advocate who is funded by a Washington State University grant. This is deliberate, because if she is perceived as representing the school, parents and other community members may not accept or trust her.

Wallace, as Project Director, provides most of the governance structure for this project. The Inchelium School District Board of Directors is not directly involved in governance decisions. The board of directors approved the school's participation in the project and authorized Wallace to make the governance level decisions. He works closely with LeaderCharge and seeks her input in making decisions, but it is a streamlined process in which the governing board is not directly involved. Dr. Wallace provides most of the structure. The process, although abbreviated, appears to work very well for this ARIS site. Wallace explains his perspective:

> There are times when Virginia will need advice, or need to check on a youngster's predicament to see if our local tribal court system is treating that youngster fairly. There are times when Virginia, not being a trained police officer, judge, attorney, or psychologist, needs help outside the community. We will go outside and get her all the help we can. From an administrative standpoint, I have accepted Virginia almost without questioning.

Maintaining confidentiality with the students and family members with whom LeaderCharge works is a major concern. Inchelium officials know from previous intervention projects that when confidentiality is compromised, spouse and child abuse often increase. This is the primary reason the board of directors has authorized Wallace to make most of the governance decisions. They feel that discussing ARIS operations in an open board meeting would jeopardize confidentiality and increase the risk factors facing their students and families.

Operations

The Glendale-Azalea Skills Center

The Glendale School District Administrative Offices are located in the facility and provide organizational and support services for the Skills Center. The facility contains three wings in one building and an adjacent house which, together, total more than 8,000 square feet of office and meeting room space. Most of the Skills Center offerings are provided in these two buildings. Most of the offices have back doors which allow citizens to park in a rear parking lot and privately enter their selected offices. This seclusion removes much of the stigma people may have about publicly receiving social services.

Securing these facilities allows the Skills Center to invite the various services to the Center and provide each one with individual office space. Kevin Aguirre, AFS District Manager, explains his agency's presence and role in Glendale:

> Glendale did this themselves. It wasn't a group of state agencies. Agencies are willing to help. We could not build a facility and Glendale made it very easy for agencies like us to come down and join. We want to stay there as long as possible.

Most of the service providers visit the Skills Center weekly to meet with area residents and students. Listed below are the agencies and businesses with which the Glendale-Azalea Skills Center has established partnerships to provide program offerings and services.

- AL-ANON
- State of Oregon Adult and Family Services
- ADAPT
- State of Oregon Employment Division--Josephine and Douglas County Offices

- Boys and Girls Aid Society
- Superior Lumber Company
- Douglas County Health Department
- Douglas County Mental Health
- Douglas County Educational Service District (ESD)
- Umpqua Training and Employment
- State of Oregon Children Services Division
- Umpqua Community College and Wooley Center
- Glendale-Azalea volunteer teachers

These partnerships allow the Skills Center to offer the community eight major training and service strands. They include:

1. Youth and family services
2. Child Development Center
3. Adult and alternative education
4. Vocational training
5. Technology classes and training
6. Employment services
7. Economic development
8. Community education

Glendale School District's operational philosophy for the Glendale-Azalea Skills Center is grounded on the concept that their efforts should develop healthy children, a healthy family, and a healthy community.

Glendale School District's operational philosophy for the Glendale-Azalea Skills Center is grounded on the concept that their efforts should develop healthy children, a healthy family, and a healthy community. Implementing this philosophy means that the district intends to have the equivalent of an individualized education

plan (IEP) for every community member regardless of whether a student, family or other community member. A fundamental goal of the Skills Center is help every individual who comes to the Center seeking assistance. The community and school district want to help each individual by addressing her/his needs so (s)he can become a productive community member. They feel that if each individual has a meaningful life, their family life will be more functional and children will enter school more ready to learn.

Glendale School District has provided little direct funding for the Skills Center. Dr. Stinnett asked the school district board of directors for $5,000 to pay for some needed renovations in the facility. This amounted to a small part of the renovation expenses because a significant portion of the renovation costs were secured through donations of materials and time. The donations amount to approximately $25,000. The district placed a donations plaque in the building foyer recognizing those who donated to the project.

From the beginning, Stinnett did not intend for the school district to shoulder the funding for the facility. Today, school finances are too restricted in Oregon to allow for that type of funding. If a district spends K-12 allocated funds outside of K-12 needs it amounts to taking away from the classroom to apply somewhere else. It was Stinnett's intent, from the beginning, to not divert much K-12 funds for this project.

However, the Skills Center receives considerable indirect assistance from the district because the school district administrative offices have been moved to the facility. Support staff are able to assist the project without adding any additional costs to the district. The school district allows the business manager, an assistant, and a clerk typist to provide assistance to the Skills Center. This is considerable, and costs have not risen. Another important consideration is that service receivers pay nothing for the support services they receive. Service providers had to agree to not charge community members who came to the Center for assistance. The various service providers are paying for their presence in Glendale out of existing budgetary resources.

In effect, the program employs both a client-initiated and an active outreach approach that goes out and contacts families in need.

Since the primary goal is to improve students' readiness to learn, Glendale focuses on the student first. If the student is not ready to learn, the Center attempts to determine why. This approach attends to children's needs by focusing on improving the whole family's health which subsequently improves the community's well-being. Its operations often start at the school, but it quickly goes beyond

being solely a school-linked program. It is a blend of a school-linked and a community-based project. It is open to anybody--people who do not have any children, single adults as well as parents who have students from preschool through high school. One advantage to the program is that it is designed to coordinate all of a community member's needs. In effect, the program employs both a client-initiated and an active outreach approach that goes out and contacts families in need. Having a client-driven, community outreach approach is very important because it informs community members of available assistance; it raises awareness. Superintendent Stinnett describes the debilitating effect high risk factors have on community members:

> . . . when community members who are really in need and are really impacted by risk factors don't believe there are services within their grasp, they virtually give up. They go into a state of depression which causes them to just do less and less. Then they fall back on previous bad habits of alcohol, drug abuse, child, spouse abuse, depression, etc.

Until most recently Superintendent Stinnett filled the role of the school district representative and Director of the Skills Center. Stinnett, from the beginning, took charge of the activities which initiated and organized the center. It was his analysis of the community needs which first led to the concept of creating a "one-stop shopping" Skills Center for student and family service needs. In fact, Stinnett has made all of the major operational decisions for the Center. As an illustration, he proposed the policy creating the Skills Center Site Council for the board to adopt, and subsequently directed its implementation.

Because of the press of his responsibilities as Superintendent of Schools, Stinnett has stepped down as Skills Center Director. The district hired Shaun Brink in his place as the new Director and she is coordinating much of the daily operations Stinnett previously attended to. Brink is a key individual in the organization because one of her main responsibilities is to coordinate the umbrella of services each needy person receives. Brink describes some of the Skills Center operations and her role in organizing service delivery.

> The big thing is that now instead of sending people out we can send people here for services, instead of to Roseburg. When you look at my role, you can see it has changed. Instead of providing direct services my role has gone to managing services. I also bring in more service providers and then coordinate all of their activities. I am the only person who talks to all of the service providers.

The school district has student services teams in both the elementary and in the high school which have authority to refer students to needed services at the Skills Center.

The school district has student services teams in both the elementary and in the high school which have authority to refer students to needed services at the Skills Center. As an example, the high school may refer a troubled student to one of the case managers on the student services team. The case manager conducts an evaluation of the student's behavior, attendance, and academic records. This information is forwarded to the student services team members and helps them decide how much the student is at risk of dropping out of school. The student services team analyzes this information, calls the parents for additional information, and tries to determine if there are other issues affecting the student. If, following this, the team feels that the student is indeed at risk, then the student is referred to the Skills Center for assistance. Skills Center Director, Shaun Brink, explains the process:

> The team meets every week at the high school. At the elementary school it is more often, because there is only one or two teachers who are with the student. That teacher comes directly to the student services team and presents the issue and says, 'I've got a kid here who is at risk.'

The Skills Center employs an outreach person, a Student Success Coordinator, who sits on the student services team. Once the teams decides that a student is in legitimate need of assistance, the coordinator takes steps to notify the proper agencies. Superintendent Stinnett provides an example.

> Let's say we have a child who is going around school talking about being abused at home regularly. The team determines it is a real complaint and the student was not simply talking. Our coordinator then makes contact with the proper agency to provide the service.

The coordinator also contacts the parents and goes out to the home and meets with the family. During the home visit, for example, the coordinator may discover that the problem is a single parent with inadequate job skills. She is on welfare and drinks too much. The two start talking about the kinds of services the parent could receive through the Center. These services may include Children's Services Division to investigate the abuse issue, as well as Mental Health to work with the child if they think there is a need. For the mother, job skills training is available as well as classes from the local community college to help her complete her General Equivalency Diploma (GED). The Center does not intervene with anyone who is

breaking the law. However, if there is someone involved in substance abuse, (s)he is referred to drug and alcohol prevention agencies for assistance.

Besides school-based referrals, numerous community members come to the Center seeking solutions to their problems.

Besides school-based referrals, numerous community members come to the Center seeking solutions to their problems. This started occurring after news about the Skills Center was on television and in the newspaper. Dr. Stinnett has also been advertising the center as a place where people may come with problems. It is described as a place in which people can be successful. Center staff were amazed at the number of people who called requesting social service assistance. Shaun Brink describes the responses she has received from the Glendale community.

> People started calling and saying, 'We really need help for our family, we need parenting classes.' It just amazes me that they are willing to come out and tell their needs to a school district. I guess it's that we're safe and real open to helping people. Where people can help themselves, asking for help is something positive, not negative.

The Skills Center provides services to over 100 people a week for education, job restructuring, or various social services. The greatest percentage of these individuals are single parents out of work. The largest percentage of the single parents are single mothers with children to take care of without any kind of work or basic education skills. These parents possess many of the risk factors that prevent them having successful lives: drug and alcohol abuse, lack of income, lack of job skills, dependent children to care for, and a lack of parenting skills to adequately care for their children. Stinnett explains the obstacle facing these children once they start pre-school and kindergarten.

> Those kids are going to be students in the Glendale School District as soon as we start our early intervention programs for three-, four-, and five-year-olds. They can't possibly come ready to learn unless we do something to start helping the family.

A very important consideration is the working relationship among the various service providers and the school district. Skills center personnel basically operate a brokering and referral service. The Center has a high level of cooperation and coordination with other service providers but it does not set any operational guidelines for any other agency. All of these participating agencies are client-driven and, as such, need a consistent pool of clients to secure and maintain

funding. The Skills Center has provided clients for the agencies beyond early expectations. The agencies who participate have had twice as many clients to serve as everyone originally projected. This justifies their presence 50 miles from their main offices and also gives them an increased client pool for which to seek additional funding. Kevin Aguirre, AFS District Manager, describes his perception of the interagency cooperation:

> We cooperate very well because we realize we share the same goal of improving self sufficiency and to enhance family life. I'm willing to take risks there because the gain far outweighs the risks taken.

Skills center personnel basically operate a brokering and referral service. The Center has a high level of cooperation and coordination with other service providers but it does not set any operational guidelines for any other agency.

Oris Beucler, Chairman of the Glendale School District Board of Directors, describes the board's experience with interagency cooperation:

> From the board's perspective, our contact has been very cooperative. There has not been a lot of direct contact. Our board set the policy and the superintendent directs its implementation as our CEO and reports back to the board.

The agencies who do bring services to Glendale are provided free office space. Some even bring their own furniture and reimburse the school district for their use of existing telephone lines. Others had their telephone lines installed so they could use modems and connect with their office in Roseburg. Adult and Family Services brought in computer equipment for such a purpose and they now share it with the Employment Division. AFS leaves the computer equipment in the office and allows other agencies to use it when they visit the facility. Although the different agencies visit the facility on different days of the week and seldom see each other, there is considerable cooperation occurring among the participating service providers.

The next planned step for the Glendale-Azalea Skills Center is to establish an interagency site council represented by all of the service providers. The creation of the council will increase efficiency in case planning as well as enhancing case management with specific clients. This will allow providers to cooperate better in service delivery and also to plan other needed activities, such as workshops.

Director Brink explains how this addition could even reduce some concerns relative to the client confidentiality issue among agencies.

> The agencies can discuss specifics regarding a particular family if they are each providing services to the same family. We'll have to work through the whole issue of confidentiality and get that set up. We did that many years in Douglas County, it was cumbersome, but we were able to do it. We just have to set it in place.

Participating Service Providers

The Glendale-Azalea Skills Center is a single location in which a variety of caregivers may offer services to members of the community. Social service agencies are provided office space, telephones and office furniture, and some secretarial support. In addition, the Skills Center handles all of the appointment preparation for the caregivers.

Centrally locating the integration of several social service agencies clearly benefits community members. For example, one man had worked in the local mill for many years. When the mill closed, he was left unemployed and lacked enough diverse skills to secure employment in the local area. He used the Skills Center to earn his GED which prepared him to enter truck driving school. Not only has this benefited him, but Glendale benefits as well because he is now an employed, contributing member of the community. Another example is a young mother who began coming to the Skills Center for a life skills class. Enrollment in the life skills class exposed her to all of the available services in the Skills Center. She is now been able to access several other social service agencies. As an illustration, she is enrolled in the GED program, making plans for post-graduation training, and is looking forward to being completely self-reliant in the near future.

Douglas County Mental Health

School districts approached the Douglas County Mental Health workers and the Mental Health Advisory Committee requesting more services in their schools. The school district was concerned that the students who were most in need of the services made no attempt to use them. Because of this situation, the Mental Health Advisory Committee decided to provide direct services in the schools where they would be more visible and more accessible to the students.

Before Douglas County Mental Health began delivering services in the Glendale-Azalea Skills Center, the area had virtually no mental health resources. Services offered now include case management, family therapy, individual therapy, home-based service, school-based service, crisis intervention, mental health assessment, evaluation, psychiatric medications, educational support, and, in the future, group

therapy. In addition, Douglas County Mental Health Services is committed to redirecting people to appropriate resources.

Douglas County Mental Health Services hopes that its service delivery to the area will achieve three objectives:

1. To improve the quality of life in the Glendale community.

2. To make services available and more accessible.

3. To make families more aware and to help them change some behaviors and lifestyle patterns.

Douglas County Health Department

Douglas County has no school nurses; the health department provides nurses to the schools on a consultant basis. Prior to the last five years, the timber industry was thriving and provided enough insurance that there was not a strong need for medical attention in the schools. In addition, Gregory Forest Products had a clinic with a nurse practitioner available to the Glendale community. Two years ago, when the mill closed, the clinic also closed. Since that time, Glendale has had virtually no medical care. As a result of the mill closing and the stress associated with a high unemployment rate, there has been a corresponding increase in the need for medical services.

The Douglas County Health Department indicates that Glendale is not a large enough community to sustain a clinic of its own. However, the space provided by the Skills Center allows a weekly visit by a nurse practitioner. The main focus of the Douglas County Health Department is to provide screening for clients. When necessary, clients are referred to a doctor in Grants Pass, Roseburg, or even another agency, when appropriate. The Health Department provides a range of screening services such as parenting services, eye screening, ear checks, and developmental training. In addition, they provide child health care services including immunizations, early detection and screening, and the Women Infant and Children (WIC) nutrition program.

State of Oregon Children Services Division (CSD)

A representative of the Children Services Division is available at the Glendale-Azalea Skills Center weekly. This is the only available CSD worker with a designated office in the area that is not conducting home visits. Prior [to the Skills Center] few people came to Roseburg to get services because of the distance. To date, services being provided by CSD through the Skills Center include family counseling, individual work with children, assessing the needs of different children, arranging daycare funding for some clients, and referring clients to other services

at the Skills Center. Historically, there has been some fear related to the presence of CSD in a community. However, because the community had such a high level of need and void of services, there is little fear associated with connecting with an agency. As a result of CSD's work in the community, the agency has noted an improved relationship with the school.

CSD's anticipated goals from their involvement in the Glendale area are: to see a reduction in child abuse reports; to assist more students successfully remaining in school; and to reduce the number of delinquency issues. Due to the high demand for CSD services, there is hope that a CSD representative will be available at the Skills Center two more days a week next year.

State of Oregon Adult and Family Services (AFS)

The Glendale area suffers from a high rate of unemployment. Currently the unemployment rate is around 40 percent; however, since one of the mills closed two years ago, it has been as high as 50 percent. Due to this high rate of unemployment, many community members are on public assistance. According to Kevin Aguirre of Adult and Family Services, the combination of the high number of public assistance recipients and the availability of office space one day a week at the Skills Center, created an ideal opportunity for AFS to enhance their service delivery to the area.

All services that are provided in Roseburg (where the Douglas County AFS office is located) will also be available through the Skills Center. Services offered include: welfare, food stamps, cash assistance, medical cards, benefits information, and information about the JOBS program. In addition, AFS refers clients to other agencies at the Skills Center. Aguirre identifies one of the goals of AFS and the other agencies represented at the Skills Center is to improve self-sufficiency and enhance family life. He feels this is a goal that can be achieved through interagency cooperation.

Alcohol and Drug Intervention and Prevention

Alcohol and drug intervention is coordinated with the ADAPT (Adolescent Drug and Alcohol Prevention Treatment) Program, a state and county-licensed substance abuse agency. Youth with potential substance abuse problems are assessed by an ADAPT counselor and referred to appropriate services within the community or the county. In addition, a school-based weekly support and education group assists youths to become and remain clean and sober.

Community and school workshops are offered through the Center to aid in substance abuse prevention. Workshops are offered to increase awareness of the problems related to substance abuse and to promote effective prevention

strategies. Brink describes why this approach is working so well in the Glendale community:

> What we have been advertising the Center as is a place for people to be successful and it's not a government agency where you come with your problems and then you're seen as a problem family or a problem adult.

Support Groups

Support groups such as AL-ANON, Adult Survivors, and Diabetes Support Group meet at the Skills Center on a weekly basis. Susan Pederson, who arranged for AL-ANON to meet at the Skills Center, indicated that members of this support group have been able to access other services such as the GED program and the counseling services because of the location of the meeting. In addition, until the space was available at the Skills Center, many of the support groups did not have a alternative meeting place in the community.

Peer Helpers Program and Special Friends Program

High school students, teens, and adult volunteers are trained to support other community members that are younger than themselves. Although each of these programs provides support to the community youth, each one has a slightly different focus. The Peer Helpers Program trains high school students to be mentors for pre-teens, new students, and youth at risk of educational failure. The 25 Peer Helpers co-lead weekly self-esteem groups and work one-on-one with students in the Junior and Senior High. The Special Friends Program matches trained teen and adult volunteers with children in grades one through six. The volunteers meet weekly with the child providing support and assistance with developing social skills, and self-confidence.

Parenting Programs and Teen Parent Program

Umpqua Community College, through the Skills Center, conducts the Parenting Program's support and education sessions. The sessions stress family communications, positive discipline, and parental training. Two weekly groups are offered:

- "Positive Parenting" is for parents of preschool and elementary age children. This weekly session focuses on communications, encouraging cooperation and responsibility, and putting the fun back in parenting.

- "Choices" is a mother-daughter program that helps prepare girls ages 12 to 15 for the challenges they face as they move into young adulthood.

The Teen Parent Program is offered in conjunction with Boys and Girls Aid Society and Adult and Family Services. The program is for pregnant and parenting teens and includes life skills and parent training, case management, assistance with transportation and child care, and individualized education plans.

Family Outreach

A Family Outreach worker assists families in identifying their needs and in accessing resources and programs. Family Outreach services range from helping a family find child care and transportation, to getting enrolled in the GED program and job training. The Family Outreach program provides a link between the Skills Center, the school district, and members of the community. This approach is especially valuable to those community members who are new to the area, are unaware of services, or are economically or geographically isolated. Brink notes how the Family Outreach worker interacts within the community:

> I can remember a couple of other schools where you had families that had four and five providers coming out to see them and then the principal of the school calling them about their kids. Those families pretty soon turn off to everything. They are tired of hearing about how bad their kids are and they're tired of hearing about what they need to do. They'll burnout and walk away from you. But we have a single case manager. That person will coordinate to make sure they have gone into services. So you have a key, stable and trusting person that the family works with and then that person can also coordinate back with the teachers.

Adult Basic Education, GED Preparation, and Community Education

Umpqua Community College (UCC) offers the adult basic education and GED program through the Skills Center. UCC pays a portion of the life skills trainer's salary and the Skills Center matches that contribution. Currently, these classes are offered 15 hours a week at no cost to the student. The GED classes have a daily attendance of 10 to 18 students per day. According to Brink, there may be a five dollar charge for classes in the next fiscal year. The Skills Center has been attracting two main groups of people--those in need of social services and those that have been laid off from their jobs.

In addition, the Skills Center is currently working with UCC to arrange for classes to be offered in Glendale for college credit. UCC also provides some of the community education classes offered through the Skills Center. The classes that are not offered by UCC are offered by community members who have the skills and background to help others. Classes presently available include: Foreign Language, Local History, Personal Money Management, Getting and Keeping Credit, and Stress Management.

Umpqua Training and Employment (UTE)

UTE is a federally funded JTPA (Job Training Partnership Act) program that assists in providing pre-employment training, job search support, on-the-job training, career development, assistance with tuition for training, and the Summer Youth Program for eligible Glendale residents age 14 and older. Any person on public assistance is eligible in addition to dislocated workers and the economically disadvantaged. Residents complete an application to access their eligibility.

Because of the mill closing, there has been a need for UTE's presence in the Glendale area. Chris Patrone, UTE's representative at the Skills Center, indicates that he has had up to 15 participants at an orientation session. Although he is only at the Skills Center one day a week, he runs more than one session per visit. Having the office space available at the Skills Center increases UTE's ability to reach, and interact with, residents in the area. In addition, UTE's presence further enhances the goal of the Skills Center and other agencies working through the Center to increase individual and community self-efficacy.

State of Oregon Employment Division

The State of Oregon Employment Division offers the same services in Glendale that are available in the Roseburg central office. However, Employment Division Representative, Randy Jensen, indicates that the unemployment claim procedures have been in place in Glendale on a mail-in system. As a result, the emphasis in the Skills Center office is to stress the training and job placement opportunities.

> We are trying to make a [unemployment claims] system that pretty well runs automated. We want to be able to spend time with people down there specifically on the other side, which is getting them back into the job. Whatever that takes--be it a direct placement, be it a discussion of their career options, or discussion of training options.

Jensen maintains that statewide surveys support this approach. Although clients need to draw their unemployment claim, clients' primary goal is to secure a job. As with other agencies, the focus is on helping the community and its members to reach self-sufficiency. One of the goals of the Skills Center is to have an increase of cottage industries in the area, but currently employment is scarce. The primary charge of the Employment Division located in Douglas County is to provide placement within the county. However, being a state employment service, which is part of the U.S. Employment Service, does provide clients with county, statewide, and interstate placement opportunities.

Career Opportunity Research

The Career Opportunity Research Program is a computer-based system that allows individuals to determine what careers match their interests, skills, and needs. Furthermore, the program provides information on training programs, colleges, and scholarships available. Clients of the Skills Center have access to the program on a daily basis.

Services in the Planning Stages

As the Glendale-Azalea Skills Center grows and expands, more services will be needed to meet a diversifying client base. Currently, several new services for the Skills Center are in the planning stages. Of these, many are dependent on securing new funding. In particular, the Child Development Center and the Technology Component are planning to start in August, 1993. However, start-up depends on grant requests that have been recently submitted. Furthermore, some of these services in the planning stages will be an expansion of previously offered ones. For example, an extension of training and support classes in Economic Development for community members is planned. Funds for some of the offerings are sought from federal grants for economic development. Also, offerings in the areas of vocational and pre-vocational education will expand depending on funding available.

The Illinois Valley Family Coalition

The Illinois Valley Family Coalition is presently headquartered in two offices located in The Cave Junction City Court House which the City of Cave Junction donated The Coalition has telephones and operates from these offices with the assistance of a part-time, voluntary secretary. The Board of Directors has also appointed a JOBS volunteer, Linda Pruitt, as Coordinator for their activities. Members of the Coalition, at present, view their operations as being more community based than school-linked. This thought prevails, even though, a significant amount of their activities are centered in the schools. At present, numerous agencies have joined with the Coalition to coordinate service delivery in the Illinois Valley. These agencies include:

- Family Friends
- Josephine County Housing Council
- Head Start
- Josephine County Mental Health
- State of Oregon Adult and Family Services

- State of Oregon Children Services Division
- State of Oregon Department of Human Resources Volunteer Division
- Josephine County School District
- Children/Youth Services Commission
- Project Baby Check
- Illinois Valley High School Alternative Center
- Illinois Valley Teen Pregnancy and Parenting Program
- Plowshare

The Illinois Valley Family Coalition has established and maintained a high level of cooperation and understanding of each agency's presence, operations, and availability to area residents.

The Coalition operates primarily as a brokering and a referral service, referring clients to respective agencies (or vice-versa) capable of providing needed services. Although the service providers are aware of each others' roles, each agency uses its own budgetary resources to finance its service delivery. At this time there is no blending of different agency revenues.

The Illinois Valley Family Coalition has established and maintained a high level of cooperation and understanding of each agency's presence, operations, and availability to area residents. However, at present, the coalition does not determine any operational guidelines for any other agency. Each agency delivers service within its own policy and operational guidelines. They are very willing to share procedures and general information which could conceivably lead to more cooperation, collaboration and perhaps even complete integration of services. Linda Pruitt, volunteer coordinator for the coalition, describes some of the agency's operations.

> The coalition is basically a resource outlet and a referral. We will be involved with the clients as far as being a kind of go-between. If clients are having a problem with an agency and they are not sure

> what to do, then we will sit down as a go-between with the agency and the client to see what the problem is.

Office space is at such a premium in Cave Junction that the same service agencies who come to the valley each week from Grants Pass are unable to be in the same location on each weekly visit. This complicates matters for clients who may not know where to locate the agencies when the changes occur. In an attempt to alleviate this condition and significantly improve coordination of services, Josephine County School District donated approximately one acre of land from the Illinois Valley High School with a free, long-term lease to the Coalition on which to build the new community center building. This new building will permanently office the service providers in one location, which will be much more convenient for community members.

The coalition intends to change its role from a referral agency to one that provides a coordinated "one-stop shopping" approach once it has secured funds to build its new community service center. Accomplishing this requires considerably more budget. Two of the board members are accomplished grant writers and have drafted grants seeking funds for this purpose. Tom Drummond and Sara McDonald have collaborated and submitted proposals for the construction of the site, as well as for salary for a part-time coordinator to administer coalition operations. The coalition submitted its first Oregon Community Development Block Grant (OCDBG) technical assistance proposal this spring. It is written in the amount of $10,000 and proposes completing architectural and engineering plans and securing preliminary building permits.

The Illinois Valley Family Coalition does not yet have its 501 (C) internal revenue non-profit classification. Until it files and receives its non-profit classification it cannot apply for grants from foundations. *Coalition for Kids* in Grants Pass is submitting proposals to foundations with the Illinois Valley Coalition until the Illinois Valley has secured its non-profit status. Board member Sara McDonald explains:

> It just depends on who you are applying to which determines whether or not you have to have your 501(C). You have to have your 501(C) filing established when you apply to foundations. We certainly have *Coalition For Kids* as a mentor and really appreciate it.

The Coalition plans to file for a full block grant next year for $600,000. If it receives the grant it will match the same amount with Fred Meyer Charitable Trust Funds. Fred Meyer Charitable Trust Funds will combine both the *Coalition for Kids* and the Illinois Valley Family Coalition's grant revenues. Also included in the proposal are funds for a half-time executive director or program coordinator, funds for completing a parking lot, for site preparations in year one, and funds for two modular classrooms for Head Start's use or to house child care facilities. The

board members are confident they will be awarded the grants. Board member Tom Drummond explains some uses of grant and foundation revenues:

> The modular classrooms would either be sold back to the school district or become one wing of the eventual facility. Then also, in the Meyer Trust Grant, in the second year, there is about $130,000 in matching funds that we hope to be able to use as leverage to use with the Community Block Development Grant funds the second year.

Despite the fact that the Coalition lacks a building and is waiting for grant funds to finance construction, coordination of services is occurring among some agencies coming to the Illinois Valley. This is an improvement. Prior to the formation of the Coalition the different diverse service providers had little contact with each other. Illinois Valley High School is actively involved in the coalition's interagency collaboration and coordination of services. The high school has a teen parenting program, child care, and has established an alternative center for other students most at risk of school failure. The high school appeared to be a natural place where different service providers in the valley, along with community members, could meet and plan. According to Illinois Valley High School Principal Linda Hoback, one of her first goals was to meet the mandates of Oregon's 21st Century Education Reform Act by opening the school to the community.

> We had so many groups in the valley and nobody was working together. People started seeing that maybe the school could be used as a place to bring some of these diverse groups together so we can work for a common goal. The valley out here needs to take the initiative and work together to make it easier for people to service the area.

Hoback added:

> We can't teach children who don't come to school ready to learn. We can't work with kids who, the night before, were in jail because their parents were dealing drugs. You can't teach kids who aren't ready to learn. I see social services tied closely to the school and maybe help us address some of those personal needs of children.

Members of the board of directors consider the health of the family unit as the basic ingredient to a healthy community.

The first area board members agreed to emphasize was the delivery of services to needy children. However, it soon became obvious that the whole family must be

the locus of service delivery. Members of the board of directors consider the health of the family unit as the basic ingredient to a healthy community. The initial focus, therefore, was children's needs, followed very closely by efforts to attend to the parents' or caretakers' needs--actually, to any services a family needs. Chuck Tate, board member and a community businessman, describes the Coalition's goal.

> I don't mean in the area of just giving more food stamps, or more money for rent or things like that. But in the educational area give them the opportunity to finish that high school education, one way or other. For example, we can provide child care for that parent who is working part time in town. We use the term, 'one-stop shopping', which is a little flippant, but it does describe what we want.

There is an acute need to provide services for teen parents and education and counseling on teen pregnancy and prevention. At present, Illinois Valley High School has made room on its campus and is providing needed services to teen parents and pregnant teenage students. A key element for any type of teen parenting training is to provide child care. The high school now has infant care for teen parents, which frees the mothers to take classes and training to prepare them to be productive parents and citizens. The person in charge of that is coordinating training and services for the parents. Prior to this, the mothers only had fragmented services available, which had little effect. The key, however, to any teen parenting program is close proximity of an infant care center. Board member Drummond, explains the value of coordinating these services for teen parents:

> One of the things we know makes it more likely we can get teen moms back into school is having the child care co-located in the same building. These moms do not want their kids far away from them. There are other major advantages too. The professionals can monitor the growth and the development of the kids both physical, social, cognitive, and emotional. It becomes a laboratory for helping the teen parents learn parenting and child care skills.

Illinois Valley High School also has an alternative center for those students struggling in a conventional high school setting. However, the high school is so crowded there is not adequate space on campus for the program. The only available location the district was able to secure is off campus above a state liquor store. This has created a concern that this location does not give the students the setting or atmosphere school officials are striving for. While the alternative center's operations are coordinated with the high school's curriculum and instructional offerings, moving its location to the new center is a priority.

Adult and Family Services (AFS), has an office in Cave Junction. It is coordinating adult education and job re-training with its regular welfare services

with three other agencies in the valley and in Grants Pass. Although unemployment is high in Josephine County (18.0 percent), it is considerably higher in the Illinois Valley, reaching up to 28 percent of the workforce. In 1990, AFS became very active in the Family Support Act JOBS Program. Through its JOBS' participation, AFS became much more involved in the community's total needs, health, and activities which improve the quality of community life. Fulfilling that charge, AFS is providing adult education and job training in an arrangement with the Job Training Partnership Act contractor, the State of Oregon Employment Office, and Rogue Community College.

Two training tracks are available for clients. The "short track" is for people who are job-ready and only need work search skills. The second is the "investment track", which is longer, and may involve college as well as short-term occupational training, including the General Equivalency Diploma (GED). Most of the service receivers in the valley are in the investment track. The training is only available in Grants Pass, which makes it difficult for many valley residents to attend. AFS uses some of its funds to pay for transportation to the training at Rogue River Community College. This transportation support service has been a tremendous assistance to the service receivers. Without it, many of the clients would have been unable to take the training. AFS plans to fold this operation, along with all of its services into the coalition's office when it is completed.

Transportation is an omnipresent need in the valley, the AFS training program described above cannot satisfy all of the transportation needs. The Division of Human Resources' Volunteer Department is collaborating its efforts with other agencies in the valley by also providing free volunteer transportation to needy valley clients. This free transportation takes clients to services they need in Grants Pass. Volunteer Division Manager Donna Taylor explains how the system works:

> My program provides about 1,400 rides a month for medical purposes including counseling. We only help people in Josephine County. Frequently, if there is a child in O'Brien, Cave Junction, or Selma who needs to get to counseling because they have been a victim of child abuse, we have to have a driver go all the way from Grants Pass out to O'Brien, bring that child into Grants Pass and then home again. It is an enormous waste of money when a reasonable alternative is to have a provider out there.

The Illinois Valley Coalition has the governance and policy infrastructure in place to support their efforts. It has analyzed its construction costs and applied for grant funding to pay for its new community center. The Board of Directors has secured agreements from fifteen other agencies to locate in the new facility once it is completed. Even those agencies who do not regularly come to Cave Junction to meet with clients have agreed to move into the new facility and provide local service. This will make it much more convenient for local residents lacking

dependable transportation. Donna Taylor perceives a single point of service entry, such as the one the Coalition is planning, providing the following benefits.

> They [clients] can go to AFS and pick up their check, see their case worker, and then go to a counseling agency for their child to get help. Then, they can go to a housing agency for help with that and then come to my agency and get job training, all in the same place. So even though they have to get there, at least they don't have to go to twelve different places.

Participating Service Providers

The Illinois Valley Family Coalition has two major goals. One is to develop a resource of coordinated social service delivery (i.e., intake, staff training, case management). The second goal is to have a single facility where this coordination can take place--an integrated family resource center. The Coalition has established much of the first goal with the Illinois Valley Family Coalition Board of Directors. Plans for achieving the second goal, a facility, is also well into the planning stages. Land for the facility has been donated by the school and architectural plans for the building have been drawn. Chuck Tate, Kiwanis Club, explains why the facility is so important to their plans:

> This is why this is such an opportune thing; everybody [the social service providers] is saying build it and we will come. As you go up to the high school, glance to your right, there is a 4 x 8 billboard I had painted. It says, 'the IV (Illinois Valley) Family Coalition Field of Dreams', and that is our dream. That's where the facility will be.

One of the neat things about working in this county is that people in organizations will really pull together and see beyond the narrow missions of their organizations. Tom Drummond

One of the benefits of the Coalition is that many of the service providers have previously worked together. Despite the diverse issues they must deal with, including extreme political polarization of the community and incredibly high rates of poverty, the providers share a common vision. According to Drummond:

> One of the neat things about working in this county is that people in organizations will really pull together and see beyond the narrow missions of their organizations. They want one thing, to work for

> families. You can pull people to work together very quickly if you have the right vision and the right people involved. And that's what has happened with this project.

Several members of the board also shared the belief that such a facility would give the community a new sense of pride and empowerment. Several community members described Cave Junction residents as always feeling like the unwanted step-children of Grants Pass. They believe that Grants Pass residents perceive Cave Junction as being a community unable to help itself.

Linda Pruitt, volunteer coordinator, got involved in the project through the JOBS Council. The JOBS Council, which is currently working with the employment division and Rogue Community College, offers education and training for low-income, service-dependent people in the county. Pruitt believes that when the other service providers begin increasing their integration of services community members will become more self-sufficient and increase their quality of life.

> If different towns had something like the Family Coalition, I probably would have been off welfare when I was seventeen. I could have gotten the education, the re-training, support, child care, what I needed to get a better job and improve my quality of life.

Although the Coalition is still in the planning stages, Pruitt has seen some changes among community members volunteering their time, "There is an interest and growth in them. They feel very good about themselves and have a better attitude toward their community." The type of community spirit Pruitt describes and the anticipated community empowerment will also be able to draw new business into the area. Cydne Collins, AFS Branch Manager, is convinced that strengthening the family will, in turn, strengthen the community:

> Help families build on their strengths, it is a positive kind of growth. I am hoping that if that kind of community spirit is demonstrated, it will help attract folks with jobs into the valley.

Renate Lamb, Josephine Housing Council Data Manager and Treasurer for the Coalition, believes that efforts to bring various resources to one site builds on the Housing Council goal. The Housing Council has a new mandate that would, in the future, require it to network with other agencies. The network is to be designed to provide housing, education, child care, and other identified needs. Networking had already begun in the Grants Pass area but the Illinois Valley has been left to its own devices. Since being contacted by the Coalition, the Housing Council has become a key player in the Illinois Valley's continuing development of service integration. One of the shared goals of the Housing Council and the Coalition is that the duplication of services will be eliminated.

Illinois Valley Head Start anticipates that a shared facility will add more space for their organization as well as others. Currently, due to space limitations and inadequate rental buildings, Head Start is only able to serve approximately 20 of the 80 eligible children in the area. The high school is also experiencing serious space limitations. John Meengs of Family Friends and President of the Coalition describes actions the school has taken to create as much space as possible:

> The high school is bursting at the seams. They have every available space filled up. They also have up to 21 or so girls who hadn't finished high school and would be eligible to come back to get a degree but are hindered from it because of their children. So they have written a grant and gotten a child care and parenting program started. In order to have that happen, they had to move a class; they had to obtain a trailer to move a class into. They would like very much for the center to include a parenting and child care center for school-age mothers.

Donna Taylor, State of Oregon Volunteer Program and Board Member, hopes that having service providers in one central location will help agencies serve needs that clients may not even perceive the need for. Taylor gives an example of a "typical" family situation she recently dealt with:

> We provide all kinds of services to people in the county, including resources such as beds, clothing, transportation. We have volunteers who work with teen parents and their babies. We had one 12-year-old and the first time I learned about her was when her mother called and said she just found out that her daughter was pregnant and they needed a crib. I found that real interesting and real typical. Her thought in terms of helping her child was well, a baby needs a place to sleep. She didn't think about pre-natal care, she didn't think about counseling for her child. She was living in a motel room with five of her own kids. Not unusual.

The structure of the Illinois Valley Family Coalition is in place and service providers, service clubs, and community members have begun communicating. Plans for actual delivery of service, the layout of the facility, and the guidelines for the Coalition's organizational operations are in the process of being developed and refined. Those involved in the project have already begun to experience positive changes among the service providers and within the community. For a community rapidly losing jobs in the once thriving lumber industry and one that has historically experienced extreme political differences, the Illinois Valley Family Coalition offers hope.

The At-Risk Intervention Specialist (ARIS) Program

The At-Risk Intervention Specialist (ARIS) Program is a school-based, direct service program coordinating school and other social service providers' efforts. Virginia LeaderCharge, the At-Risk Intervention Specialist (ARIS), has an office in the school and interacts daily with students, parents, teachers, the superintendent, and other service providers. Being in the school places her in daily contact with students who may be looking for her assistance. LeaderCharge and her family are well-accepted members of the community. She has established such a level of credibility and trust in the community that she is able to communicate openly with families, students, and other community members. Superintendent of Inchelium School District, Gordon Wallace gives an example of her acceptance within the community:

> She can go into a home where there has been an abused child or wife or whatever at midnight and sit at their kitchen table and drink coffee. She is absolutely accepted.

The ARIS at Inchelium School District serves six major functions: Assessment, advocacy, monitoring evaluation, brokering, and service planning. The ARIS initially facilitates a teams' identification of at-risk students. From there, an interprofessional team of interagency human service specialists will work cooperatively to deliver integrated services to targeted at-risk students and their families. The major functions of ARIS are:

Assessment: The ARIS identifies the causes of the student's difficulties, both those unique to the students and those which pertain to the family, and the strengths and assets of the student and family.

Advocacy: The ARIS helps students in their communications within or outside of school, and helping the families negotiate in a culturally diverse society.

Monitoring: The ARIS follows through with both students and their families during the course of provided services and makes changes in the service plan as needed.

Evaluation: The ARIS evaluates services provided and their impact on student and family progress.

Brokering: The ARIS links students and families with needed services within tribal, federal, and other community agencies.

Service Plan: The ARIS develops a plan including services which are short-term and long range, in school and out, for individual students and families.(Oaks, 1992)

Dysfunctional behavior in school is usually an indication that there is an underlying problem, such as abuse or parental neglect.

There is a higher than average incidence of child and spouse abuse in the Inchelium community and surrounding areas. Dysfunctional behavior in school is usually an indication that there is an underlying problem, such as abuse or parental neglect. Student truancy, or acting-out behavior in school is often an indication that the student needs LeaderCharge's services. She knows that a student's dysfunctional school behavior greatly increases that student's chances of failing in school.

What often first involves LeaderCharge is her receiving a referral from a teacher or parent, or a student comes to her and asks for assistance. When LeaderCharge receives a referral on a student who is having problems succeeding in school, she begins investigating that student's school and family life. LeaderCharge is the student advocate and, as such, is authorized to make any decisions she feels necessary to help the student. She examines the family unit and decides what course of action to take or to which service agencies to refer the student and other family members. LeaderCharge is authorized to make whatever daily operational decisions she feels are necessary to assist students and families. She explains.

> . . . The direction I have taken I have developed myself. As far as the actual interacting with the school and the service programs, the parents, and students, that is my direction. Since I know this area better than anybody, I am free to make my own judgments.

These daily decisions may result in various courses of action. However, after LeaderCharge interviews a student, she always makes a home visit to talk to the family members. LeaderCharge does this deliberately, whether the problem is in the family or not--she wants family members to know she represents the student's rights and is there to protect them. LeaderCharge knows the family may not want to be involved with the school. She explains her rationale for making the home visits.

> I interview the family just to let them know I am the advocate for the student. Then I ask if there is anything I can do for them on behalf of their student. I get very good responses from the family because the family wants that advocacy. They are afraid of the

school system; they don't know how to communicate or to relate to people out of their circle.

The service providers with which LeaderCharge coordinates services are either located in Inchelium or visit there regularly. She considers herself to be a broker of family services for the at-risk students and families in the Inchelium community. The different agencies LeaderCharge refers students and families to, and coordinates services for, include:

- Colville Confederated Tribal Truancy Program
- Colville Confederated Tribal Child Welfare Service
- Colville Tribal Police and Legal and Judicial System
- The Colville Confederated Tribal Crisis Program
- Colville Confederated Tribal Mental Health Program
- Ferry County Community Services

Every month there is a Provider's Meeting that is organized by Ferry County Community Services. All of the service providers attend and explain their monthly activities and projects. LeaderCharge attends a Provider's Meeting with Gordon Wallace, Superintendent of Inchelium School. Initially, Wallace introduced LeaderCharge at one of the meetings and she explained the ARIS Program and the types of services she would be providing for students and families.

In one case, a student had been counseled by tribal resource personnel, the school psychologist, the truancy program, and the teacher, with seemingly little effect.

LeaderCharge has taken steps to improve coordination among the various service providers. Before the ARIS Program started, many of the service agencies had little knowledge of what each other was doing or who they were working with. In many instances, these agencies were ignorant of the fact they were working with the same individuals. There are examples of students who were teacher-referred and received services from different agencies for behavior problems in school. In one case, a student had been counseled by tribal resource personnel, the school psychologist, the truancy program, and the teacher, with seemingly little effect. LeaderCharge talked to the student and then to each service provider and discovered that the student also had been tested by a physician. She describes the cooperation and coordination she initiated with the agencies:

> I was able to orchestrate a meeting with all of these services and get them in here in one place to meet each other to say, 'Hi, how are you' and 'This is what I've been doing with this student.' They were all involved with the student but had not communicated. And it was really an eye-opener because all of these people didn't realize what was happening with the teacher in the classroom or with each other. All of these things came together.

LeaderCharge has a good relationship with the individuals and agencies with whom she works. Karen Slater, Colville Confederated Tribal Community Nurse, provides medical services for the pre-natal to the elderly. Slater works with other agencies and they refer clients back and forth to each other depending on their clients' needs. She often becomes the case manager in her work with families if she is unable to provide the services the family needs. If she makes the initial contact with a high-risk family that has a social or medical need, she refers them to the agency in Inchelium that can assist them and then follows up and tracks their progress. This may be social services, educational needs, drug and alcohol counseling, mental health counseling, medical needs, dental needs, or the ARIS Program. Slater describes her working relationship with LeaderCharge and the effects it has on family services.

> I work with Virginia and her ARIS Program. She refers clients to me and it is very important that she is able to do this. This is because her involvement with the school allows her to use her knowledge about students and families to make a referral to me. If not for her, I might not know about that family or student's problems.

Because of the high incidence of child abuse, LeaderCharge works closely with the Colville Confederated Tribal Child Welfare Agency. Most of her clients are placed under the Child Welfare jurisdiction and her participation relieves this agency's over-worked staff. Child Welfare staff will often contact LeaderCharge and ask her to track students until they are able to come to Inchelium and meet with the student(s). When LeaderCharge agrees to this, she immediately becomes these students' advocate. Even when officials cannot prove child abuse and when the children will not testify against their parents, LeaderCharge remains the children's advocate and stays in contact with them. This is extremely important because the students know they have someone they can depend on who will not abuse them. LeaderCharge relates an occurrence in which she assisted two abused elementary children who had to flee their home and hide in the forest:

> Two girls called me one Sunday afternoon, they were terrified, and I had to go find them. They were out hiding in the woods and they were scared. They were just third and fourth-graders. They were

> standing in the woods terrified because they had been abused again. One of the girls ran to a neighbor's house and got a telephone and came back. Here are the three of us in the woods, dialing the police department. The children got put into protective custody and the mom and dad were put back into the court system.

LeaderCharge collaborates the most with the Colville Confederated Tribal Truancy Program because of the high student absenteeism caused by excessive abuse. The relationship between the school and the Truancy Program has changed somewhat, however, since LeaderCharge has become the ARIS person. She now first contacts the students and attempts to counsel them back into school. She contacts the truancy people as a last resort after her intervention strategies have failed. LeaderCharge describes her relationship with the Truancy Program:

> When I reach a point with a student and I can't do any more with him/her I contact the truancy staff. I come against some students who are very stubborn and they don't think I have the authority to help them stay in school. Then I contact the Truancy Program and I get them involved because they have the legal influence behind them.

LeaderCharge will also refer students to the Colville Tribal Mental Health Program for assistance with students with severe behavior problems in school. She realizes that the school behavior is only an indication of an underlying problem that needs counseling rather than a punitive reaction to classroom incidents. Social worker Rhonda Higgins explains how she works with LeaderCharge to assist students:

> She (LeaderCharge) will refer students to us. I can think of one instance in particular. We had a boy who was acting out in the classroom. And it was seen as strictly a behavior problem. Virginia referred him to me and when I did my intake I discovered that he had a history of having been abused. He had difficulty wherever he went. We were able to get him assessed by our school psychiatrist, our agency psychiatrist, and our psychologist.

Participating Service Providers

Virginia LeaderCharge works in the Inchelium School District to develop a school and community team of professionals in education, health, and the social services. Previous to the ARIS position in the school district, very little communication was occurring between the various social service agencies located within the community. Since the ARIS position was created, there is an increase of communication between agencies including an increase in referral among different agencies.

Since the beginning of the ARIS Project in the Fall of 1992, much of the referrals have been among and between teachers, ARIS, the Colville Confederated Tribes Mental Health Agency, the Department of Health, drug and alcohol treatment resources, and the Ferry County Community Services Division.

Ferry County Community Services

The satellite office located in Inchelium was initially established because of a very high incidence of domestic violence and sexual assault. Two Native American women were hired in 1991 to open an office and conduct support groups for women. Although their primary purpose for opening the office was to support victims of family violence and sexual assault, work with these victims revealed additional problems. Since the office opened, one of the agency women, Jennifer Mason-Ferguson, has observed that the combination of isolation and the infiltration of drugs, combined with family violence and sexual assault, increased the proportion of at-risk youth:

> Since this is such an ultra rural area, and still the drugs and alcohol filter in here, there's a lot of youth at-risk. The youth don't have much to do and nobody to really talk to. The students feel like they can't talk to the parents and we find that sometimes Native American youth at-risk can talk better to a Native American counselor or person who knows what their traditions are, their culture, their background.

Working with ARIS, other social service agencies, and the police, Ferry County Community Services set a goal to serve whole family needs. This new focus expands previous efforts of addressing the child or the parent's individual needs. A key element in the process of serving the family as a whole is developing interorganizational agreements with other caregivers. Mason-Ferguson explains their attempts to interact more with other agencies:

> We're trying to get out and meet more with the other providers and let them know who we are and what our program is about. We want to let them know that we are available, if they need to make a referral.

The Ferry County Community Services Program hopes that their new approach of meeting all of a family's needs will improve the community's health. Mason-Ferguson describes her concept of how increased cooperation among agencies will benefit the community:

> I am hoping people will start treating each other like human beings and that they will want to use the provider services here to get healthy. That is what I envision for my people. One of the big

> issues in this community is the culture, a lot of Native American traditions have been lost.

Department of Health

The Department of Health provides well-child clinics, immunization, the WIC program, nutrition information, parenting classes, prenatal classes, home visits, and communicable disease control. In addition, Karen Slater, the tribal public health nurse, does any social service investigating and counseling necessary, works with the school, and fills in any gaps with health education. Although there is a school nurse who is contracted through county health, Slater assists the school whenever she is requested. One of the greatest needs of the community is education. The Department of Health offers a variety of parenting classes and education about drug and alcohol abuse. Slater reports that her agency's work is a valuable community resource. Her ability to work closely with other agencies and the ARIS program has improved service delivery.

> I work with other agencies. We refer to each other back and forth. So I do a lot of case management and if I make the initial contact with a high-risk family that has some medical or social need, then I will make a referral to whichever program we have here in Inchelium.

Slater also sees the cooperation between the Department of Health and the ARIS program as an opportunity to meet community needs that either provider could not do alone. ARIS makes referrals to Slater about families and students with problems which she may not be aware of. Slater can use ARIS as a means to reach students who are truant. The Department of Health hopes that the cooperation among service providers in the community is a worthwhile approach to serve the family as a whole. Slater further believes that her coordination with the ARIS program will lead to a better school-community relationship which will strengthen the community and its families.

Colville Confederated Tribes Mental Health

The Colville Confederated Tribes Mental Health office serves children, adults, and families for a variety of diagnostic categories. Because of high rates of suicide, spousal abuse, child abuse, and drug and alcohol abuse issues, much of the work of this office focuses on crisis intervention. An important strategy personnel in the Mental Health office employ is to encourage their clients to take control of their lives. Mental Health Counselor Rhonda Higgins explains:

> My personal philosophy is to empower clients, empower families to work within the system or to change the system. I believe I should empower individuals to take control of their own destiny and be

> responsible for their own actions. One of the things I've noticed is a feeling among a lot of my clients of powerlessness.

According to those in the Mental Health office, the ARIS program will strengthen families and increase their involvement in the community and in the school. In the past, the Mental Health office has received referrals from the school. They would then have the responsibility of serving that student. As ARIS becomes better known and more established, they see that relationship changing. As Mental Health and ARIS continue working closer together, more of the needs of students and their families will be met.

The Colville Confederated Tribes Mental Health Agency also works with community members in drug and alcohol treatment. They found that when the family or community systems didn't change, community members returning from treatment were unable to maintain their sobriety. As Mental Health increases collaboration with ARIS and other service providers, they believe that the whole family system can change. Community members returning from treatment will have a support system in place, considerably improving the possibility of these individuals maintaining their sobriety.

Teacher Involvement

Many teachers have concerns of their students not coming to school, arriving at school not ready to learn, or coming to school with a variety of behavior problems. The ARIS coordinator, Virginia LeaderCharge, has the authority to work with the teachers to identify problems the students may be experiencing at home and/or at school. Although the teachers have several options for dealing with these students, at some point they need help. Bob Green, 4th grade teacher, usually feels comfortable handling problems with his students, but when he feels he is ineffective, he goes to ARIS. He believes that the combination of the power of the ARIS position and the fact that Virginia LeaderCharge is a member of the community, enables her to make contacts at the parental and tribal agency levels that others in the school are unable to.

At-Risk Intervention Specialist (ARIS) -- Virginia LeaderCharge

Virginia LeaderCharge has been at the Inchelium School District for over 14 years. She started as a teacher's aide and then went on to be the JOM (Johnson-O'Malley) counselor and then on to becoming the Indian curriculum developer. Her duties are now split between ARIS and the attendance program. As a member of the community, and because of her involvement at the school, her ARIS position creates a bridge for families between the school and the community.

The level of trust LeaderCharge has developed within the community increases the probability that families will be willing to seek outside support. If a situation in the community involves one of the students at the school, LeaderCharge intervenes with the family and determines whether they are willing to accept counseling or other support services. If the family is willing to receive assistance, LeaderCharge makes a referral to the appropriate provider(s). From this point on, LeaderCharge assumes the role of case manager. Regardless of whether or not the family accepts support, she keeps in touch with the family and the student(s). Much of LeaderCharge's responsibilities range from intervention specialist, to broker of support services, to case manager.

Although the ARIS program has been in operation less than a year, LeaderCharge has already observed changes among students and their parents:

> I have seen a lot of benefit. Because of my ARIS program, I have seen more parents come in and get involved. More parents come in with their students. I have watched the students open up more. They actually come in and share a lot of problems with me.

Observations

These case study sites providing coordinated family services have been doing so for only a short time. They have faced numerous challenges and problems in developing a coordinated service delivery program involving several service providers. Although these sites have developed independently and are isolated from one another, several commonalties in the governance and operations of their service delivery efforts emerged from the interview data. They include:

- School districts' board of directors authorizing and encouraging the schools' involvement in integrated or coordinated services efforts
- Delivering comprehensive services targeting the needs of the whole family
- Establishing a "one-stop shopping" model
- The school taking an active role in the collaborative efforts
- Each site seeking to develop an improved sense of community

In each site one organization or agency assumed leadership responsibilities among the participating agencies. In the Glendale-Azalea Skills Center, the Glendale Public School District clearly assumed these responsibilities. The school district board of directors adopted a new policy authorizing a Skills Center Site Council to make operational decisions. The policy defines the site council's membership, its operational duties and responsibilities, and its decision making capabilities.

The school board also authorized the superintendent of schools to finalize arrangements for utilizing the buildings Superior Lumber Company donated to house the Skills Center. In addition, these arrangements included contacting the various service providers and inviting them to come to Glendale and to use the available office space to meet their clients. The school district provides support staff to make referrals, appointments and to attend to numerous other clerical tasks for all of the caregivers. Of equal importance, the school district supplies the skill center director who provides significant service by tracking the clients' needs and contacting the various service providers they need to see.

The Illinois Valley Family Coalition's Board of Directors is the governing body assuming leadership responsibilities in the Cave Junction area. This body has adopted a set of By-Laws authorizing their governance and administration of the coalition. The board of directors has also adopted a Mission Statement defining their purposes, philosophy, and anticipated outcomes. Board members represent numerous county, state and federal service providers as well as private citizens familiar with the community members' service needs.

The At-Risk Intervention Specialist Program employed at Inchelium School District is jointly supervised by Washington State University and the Inchelium Superintendent of Schools. Although the School District Board of Directors authorized the school's participation in the project, it leaves the governance and daily operational decisions to the superintendent's prerogative. The Board purposely employs this abbreviated process to maintain confidentiality and to reduce incidents of family abuse and violence. Although the school district's leadership role and profile is low it does provide "behind the scenes" leadership in such areas as budgeting, management, and communication with Washington State University.

Research Literature Findings

Education and human service policymakers have the authority to create processes or instruments that allow front line workers to respond effectively to a child or family's real world needs. To effect this, policymakers will have to change the strategies these workers employ to reverse fragmentation, inflexibility, and underservice. Policymakers can increase the probability that interagency partnerships can bring about reform. Pollard (1990a) recommends six policy areas that officials should address:

- Provide comprehensive service delivery
- Develop alternative funding strategies
- Ensure that programs are staffed with qualified personnel

- Provide family support
- Provide leadership in developing a broad base of local support
- Provide leadership in interagency collaborations (pp. 5-6)

Efforts which attempt to treat individual family member's needs in isolation fail to meet all of the developmental needs a student faces.

Research and other literature are consistent in stressing the necessity of developing a comprehensive program addressing the needs of the whole family. Efforts which attempt to treat individual family member's needs in isolation fail to meet all of the developmental needs a student faces. Difficulties parents and other family members encounter also negatively impact students. If these are left un-met, they compound hardships for everyone. Successful programs deal with students as family members and families as members of the communities in which they live. Even if an individual family member receives a variety of services, it may be inadequate if that person's problem negatively affects other family members. Services must respond to the overlapping risk factors causing school failure. One strategy is to provide cross-generational services when they are needed. Comprehensive programs take an active part in children's lives and utilize extensive community networks to assist in meeting concrete needs (Bruner, 1991; Cotton, 1991; Melaville & Blank, 1991; Nissani & Hagans, 1992). Schorr (1989) reports:

Successful programs deal with students as family members and families as members of the communities in which they live.

> Successful programs, whether they begin with a focus on children or on their parents, generally evolve into an explicitly <u>two-generational</u> approach. They offer support to parents who need help with their lives as adults before they can make good use of services for their children. (p. 368)

There is widespread agreement among researchers and practitioners that service providers need to shift from a remediation approach to one employing promotion, prevention and development techniques. The literature stresses that caregivers need to change from crisis reaction service delivery strategies to those helping fragile families (at risk of crisis) develop the capacity to reduce or prevent crisis. Currently, most services are not delivered until "after the fact." Service providers address problems after they have occurred rather than offering various types of

support to prevent difficulties from occurring. Nissani and Hagans (1992), in identifying the key elements of service integration, noted the importance of a prevention approach:

> Prevention orientation--the integration seeks to strengthen the family unit rather than remediating its weaknesses. A proactive approach to services rather than a reactive approach is applied. A preventive approach makes community services available to families so as to prevent future interventions or treatment. (p. 8)

Fragile families are, more often than not, overwhelmed by the amount of bureaucratic paper work and applications they must complete before they are considered for receiving services.

Fragile families are, more often than not, overwhelmed by the amount of bureaucratic paper work and applications they must complete before they are considered for receiving services. The families usually have to travel to several locations and endure the same routine from each agency in order to receive all of the services for which they are eligible. This is very discouraging and often blocks needy families from even applying. A single point of entry would eliminate this time consuming, discouraging, and at times, de-humanizing process. A "one-stop shopping" or co-location approach offers a wide variety of services at a single location. This model offers families the easiest access to numerous services (Melaville & Blank, 1991; National Center for Children in Poverty; 1992). Kadel (1992) made the following observation about "one-stop shopping:"

> Given such names as "one-stop shops," "full-service schools," "family resource centers," and "shared service centers," these collaborative efforts are a challenge to implement; however, they are the most effective in meeting the many and varied needs of children and families. (p. 8)

The role the school assumes in service integration or coordination efforts is critical relative to the amount, duration, and quality of the caregivers' efforts. Researchers have commented on the importance of the school in delivering community service needs. Fitchen (1991), reports that an increasing number of rural schools, by virtue of their role in the community, are taking a more active role in their community's service needs. She notes:

> Some schools have become catalysts in raising public awareness of community service needs and have been actively engaged in

working with the community agencies concerning the needs of local children and their families. (p. 165)

Some of the most enduring changes occur in communities in which efforts are directed to improve the community's total social and educational needs rather than in simply dealing with the needs of individual residents.

Jewett, Conklin, Hagans, and Crohn (1991) stress that school support of integration efforts is one identifying characteristic of model integration programs. The authors state, "The goal of integration of educational and human services can only be met by evidence of strong educational support" (p. 21). Dolan (1992) presents a similar argument for school involvement and ownership of service integration efforts.

> The school's administration and staff need to be involved in the decision making about the service integration and feel some sense of ownership. (p. 9)

Some of the most enduring changes occur in communities in which efforts are directed to improve the community's total social and educational needs rather than in simply dealing with the needs of individual residents. These efforts have two approaches. One is aimed at addressing individual social needs, and, simultaneously, the second is directed at supporting the community infrastructure which allows it to better meet individual citizen's needs. Fitchen (1991) found that when rural communities emphasized their own problem-solving capacity and the community-building advantages of meeting local needs, it lessened the fragmentation of service delivery among various agencies. Bruner (1991) reported similar findings:

> Strategies focusing upon individual students in those schools may occasionally succeed in improving an individual student's educational performance and even economic outlook, but community-wide strategies are necessary if **most** students are to escape pervasive environmental risks. (p. 9)

When students, parents, and other community members collaborate and are authorized to find and employ improvement mechanisms, the entire community benefits. These strategies enhance independence, the feeling of self-worth, and increase community prosperity by improving economic development. Kadel (1992) found that since each community has different needs and goals the benefits

they will experience will also vary. Kadel, however, identified the following common benefits collaboration and resident empowerment bring to all communities:

- More effective and comprehensive service delivery
- Cost-effective and cost-saving service programs
- Reduction of the duplication of services by different agencies
- Improved access to services for those without transportation or those in rural communities
- Improved identification of eligible families for certain services
- Improved ability to follow children through the system
- Improved learning and performance in classrooms of children who are physically and emotionally healthy
- Reduction in costly interventions such as low birth weight baby care, foster care, and juvenile detention
- Increased prestige, public image, and community support for the participating service providers and the resulting program (p. 10)

Kohlenberg and Kohlenberg (1991) found that rural community dwellers had an attitude of expecting to help their neighbors, relatives, and friends. The authors conducted a field study which explored community-based care giving in four small, rural northwestern communities. They reported care taking and care giving to be obvious and striking features of small town life. The Kohlenbergs at times, found themselves awestruck at rural community citizens' acceptance of the necessity to care for ones' neighbors, friends, and family members. These "natural helpers", or informal caregivers expected to take direct action if they saw a problem. Indeed, the authors reported that problem solutions became integrated and a product of communal, multi-dimensional organized efforts. The Kohlenbergs describe this element of their findings on rural community problem solving.

> Each person is heard, communication is essential. People--at least some people--learn to listen from the heart, and hear what others do say as well as what they say . . . The ability of small towns to deliver coordinated, integrated, multi-pronged approaches to some human problems was also impressive. These communities are able to mobilize to solve a number of problems. They contain many

"doers" as well as listeners, and the two sorts of help givers work together well. (p.22)

There is a growing body of literature recommending what strategies, phases or steps interagency collaborative should take to direct the implementation of their integration efforts. One of the most thorough and complete is the list of stages Melaville, Blank, and Asayesh (1993) identified. Their document itemizes a five stage process to guide practitioners in their move toward developing a systemic change facilitating service integration. Each stage in the process includes a set of milestones informing participants of the progress in their collaborative efforts. The five stage process with accompanying milestones is listed below:

Stage One: Getting Together

- Deciding to act
- Involving the right people
- Making a commitment to collaborate
- Reflecting and celebrating

Stage Two: Building Trust and Ownership

- Developing a base of common knowledge
- Conducting a comprehensive community assessment
- Defining a shared vision and goals
- Developing a mission statement and a community presence
- Reflecting and celebrating

Stage Three: Developing a Strategic Plan

- Focusing on a neighborhood
- Conducting a neighborhood analysis
- Defining target outcomes
- Designing an interagency service delivery prototype
- Developing the technical tools of collaboration
- Formalizing interagency relationships
- Reflecting and celebrating

Stage Four: Taking Action

- Selecting, training, and supervising staff
- Implementing an inclusive outreach strategy
- Incorporating sensitivity to race, culture, and gender
- Evaluating progress
- Reflecting and celebrating

Stage Five: Going to Scale

- Adapting and expanding the prototype to additional sites
- Developing a pool of collaborative leaders, managers, and service delivery personnel
- Changing undergraduate and graduate level training
- Deepening the collaborative culture
- Designing a long range fiscal strategy
- Building a formal governance structure
- Building and maintaining a community constituency
- Promoting changes in the federal role
- Reflecting and celebrating

Melaville, Blank, and Asayesh (1993) describe this process as a "spiral" which they feel better clarifies a collaborative's purpose and intent as well as indicating the amount of progress being made. The authors want to avoid a straight line metaphor indicating change because they feel that a linear approach is not the most effective or efficient way to bring about change. They stress that a "looping back" process should occur between stages and is critical because it allows the collaborative effort to gain strength to sustain the change efforts. They explain:

> This process of "spiraling back" should not be seen as an indication that the collaborative is failing to make progress; indeed, it will often be the case that spiraling back is essential for the entire collaborative to move forward with energy and commitment (p.19).

In summary, research and other literature recommend many governance and operational practices that collaboratives should implement to enhance their service delivery. There is a high degree of agreement among many writers in the areas of primary focus of service delivery, amount of community involvement, and the value of co-location of services with a single point of entry for service receivers. Listed below are the primary findings drawn from the research and other literature:

- Individual agencies should develop policies which authorize comprehensive interagency service delivery.

- Develop comprehensive programs which address the needs of the whole family.

- Collaboratives should implement a strong prevention orientation within their service delivery program.

- Create a co-location of services with a single point of entry for service receivers.

- Have programs with an emphasis that benefits the entire community.
- Adopt an organized series of steps to direct the implementation of the integration efforts.

CONCLUSION/IMPLICATIONS

Four general areas of service delivery needs emerged from the case study interviews. These needs have been identified in research and literature as being similar to those faced by other rural communities and school districts. Although differing somewhat in specifics of duration and intensity, a high level of congruence exists among the sites in this case study. The four areas of need are:

- Multiplicity of needs
- Geographic access to services
- Increase of service coordination
- One stop shopping facility seen as the answer.

Each of the sites, with its available resources of time, finances, and personnel, employed various methods to develop a governance structure and a manageable service delivery system.

Each of the sites, with its available resources of time, finances, and personnel, employed various methods to develop a governance structure and a manageable service delivery system. These were designed to meet local community needs as much as possible within each participating agency's policy structure. Although these case study sites operated isolated from each other, they did develop several commonalties in their governance and service delivery.

It is evident that the integration of family services is in a flux and operating on a continuum dependent upon the degree of interdependence required to accomplish a particular goal. Nissani and Hagans (1992) identified three differing levels of community service delivery. They range hierarchically from coordination, to collaboration, and ultimately, to integration. Listed below are Nissani and Hagan's definitions of these different levels of service delivery:

Coordination: Coordination of services exists when two or more agencies or programs are knowledgeable and supportive of each other's services.

Examples are: exchange of referrals among agencies; client and information sharing; and staff from each participating agency may meet and discuss community issues.

Collaboration: Collaboration of services exists when two or more programs or agencies plan and create a common project or projects, that is jointly funded and which usually cannot be completed by a single agency or program.

Integration: Integration occurs when a new and different organization is created which changes the existing agency or program boundaries. This is different from coordination or collaboration. Integration continually strives to reduce the barriers to integrated services. (p.6)

In addition, Nissani and Hagans (1992) identified several "key elements" they stated were present and employed in successful integration programs. These are listed below.

- **Family Centered Service Delivery:** The family, rather than the child or a specific adult, is the service unit or client.
- **Comprehensive Service Focus:** Projects or programs of the integration address two or more needs of the family, sharing agency expertise for the benefit of the entire family.
- **Prevention Orientation:** The integration seeks to strengthen the family unit rather than remediating its weaknesses.
- **Empowerment Focus:** Families or members of families are encouraged to take an active role in the development, implementation, and evaluation of integrative services.
- **Local Community Focus:** The integration of services will be defined in terms of local community needs.
- **Synergistic Procedures and Process:** Agencies work to eliminate unnecessary regulatory measures, policies, or activities that support fragmented services to families. This approach includes the braiding of funding to promote cost reduction and cost effectiveness.

Table One indicates which of these elements are utilized in each of these case study sites.

Table One. Key Elements for Integrated Services

Elements	Glendale-Azalea	Illinois Valley	ARIS
Family Centered Service Delivery	X	X	X
Comprehensive Service Focus	X	X	X
Prevention Orientation	--	--	--
Empowerment Focus	X	X	X
Local Community Focus	X	X	X
Synergistic Procedures and Process	--	--	--

As may be observed from Table One, none of the sites completely implemented elements number one, Prevention Orientation, and number six, Synergistic Procedures and Process. Nissani and Hagans (1992) define these elements as follows:

> Prevention Orientation--The integration seeks to strengthen the family unit rather than remediating its weaknesses. A proactive approach to services rather than a reactive approach is applied. A preventive approach makes comunity services available to families so as to prevent future interventions or treatment. (p.8)
>
> Synergistic Procedures and Process--This element suggests that agencies work to eliminate unnecessary regulatory measures, policies, or activities that support fragmented services to families. This may entail legislative advocacy at state, federal or local levels. This approach suggests the braiding of funding to promote cost reduction and cost benefit. It may include the participation of public/private partnerships to enhance resources, and to insure community investment in the process. (p. 8)

Some agencies in these cases employed activities designed to be preventive. However, none of them fully met Nissani and Hagans (1992) criteria of strengthening the family unit rather than remediating their weaknesses. Taken as a whole, the sites did not apply proactive rather than reactive approaches.

While agencies do work diligently in each of the sites to eliminate unnecessary activities that support fragmented services to families, none of them have addressed the regulatory measures, or policy dimensions of this element. None of the sites are truly integrated as defined by the literature (Nissani & Hagans, 1992; Intrillgator, 1992).

Based on the above definitions and key operational elements, the sites in this case study are clearly much more aligned with the coordination design than they are with integration. No new or different entity has been sufficiently developed to alter existing agency or program boundaries. In the sites for this case study, each agency managed its own resources; each maintained its own budget, its own personnel, and operated within its own policy and administrative directives. Although some sites discussed clients and their needs, no agency personnel were shared, nor did new professional roles emerge. Each agency received, was responsible for, and managed its own budget. The interviewers detected no incidence of braiding of budgetary funds. However, in each case study site there was in individual designated as a service coordinator who provided intake and referral. We see this as the first step toward the consolidation of services--the development of a hybrid role, a generalist, who becomes the "one person," rather than just "one place" source of assistance. This makes a great deal of sense for small, rural, isolated schools and communities where specialization is not feasible.

The data suggests that individual agencies were not willing to move quickly from independent operations to those that integrate their resources, policies, and administrative rules and regulations.

There are reasons for this phenomenon. Analysis of the interview data revealed that the integration of service delivery appears to be developmental in its nature. The data suggests that individual agencies were not willing to move quickly from independent operations to those that integrate their resources, policies, and administrative rules and regulations. When agencies in these sites began working together, several of them were unknowledgeable of each other, or, in some instances, even unaware of other agencies' work. Beginning at this level of interagency cooperation requires time for the working relationships of communication, understanding, and trust and rapport building to develop. Few sites will be able to move from independent operation to integration of their various services delivery in one organizational step. It is too dramatic a shift.

A second reason that limited integration in the sites of this study is that legally, these participating agencies may not be able to merge their service delivery. State legislatures fund these various programs categorically to remedy particular family problems on an individually identified need basis. Comprehensive service targeting the needs of the whole family has not been authorized. Another factor is that experienced professionals have been trained to react to service needs through the lens of their own agency. Independence in all operational applications has been established and maintained for decades. These conditions are not eliminated very quickly without time and experience to witness and evaluate its merits.

It is important to note that all of the case study sites were newly organized. None have a legacy of experiences to draw on to assist in their governance or operations. The longest operating program among the three is the Illinois Valley Family Coalition which has been in existence approximately one year. In each site interviewees indicated that participating agencies were not always sure of the best course of action to take when they began to deliver services. One individual succinctly summarized the situation in her site when she said, "We're so new, we're still feeling our way along, doing what we feel we should." For the most part, these sites learned as they developed. A partial exception is the Illinois Valley Family Coalition who benefits from its association with Grants Pass, Oregon's *Coalition for Kids*. This program is a similar but larger metropolitan program that has served as a mentor for the Illinois Valley Family Coalition. Another indicator of each site's newness is that there was little, if any, program evaluation occurring. The top priority for these people appeared to be family services, not program evaluation.

Intrillgator (1992) identified seven critical factors that she stresses must be addressed in order to establish interagency agreements and working relationships. The degree of interagency agreement rests on the degree of integration occurring with these seven factors. These conditions are:

1. **Interagency Objective:** When an interagency objective is characterized as integrative, planners must establish a set of integrative conditions that enable the successful completion of that objective.

2. **Inter-agency Policies:** Agencies participating in an interagency enterprise need to establish operating policies that delineate how the interagency unit will conduct its business.

3. **Interagency Structure:** In integrative organizations the interagency administrative structure should take the form of a new unit formed expressly to support the integrative interagency effort.

4. **Personnel Roles:** Personnel are responsible to individual and to new interagency efforts.

5. **Resource Allocation:** Integrative interagency relationships are supported with pooled resources which are largely within the control of the interagency unit.

6. **Power and Influence:** Integration cannot occur unless turf issues are directly addressed; all involved parties agree on what will be the responsibility of the interagency initiative and what will remain the prerogative of the single involved agencies.

7. **Interagency Relationships:** Procedures need to be established to enhance the probability that interagency relationships will be positive.

These factors were utilized to analyze the degrees of integration existing among the three sites collectively in this case study. Table Two synthesizes these factors from the three sites as a total. Intrillgator's conditions are illustrated in conjunction with Nissani and Hagans' continuum of service integration ranging from coordination to collaboration to integration.

As Table Two demonstrates, the collective interagency status of the sites in this case study range throughout the coordination area of the continuum. This depiction is not intended to show that the interagency agreements in the sites are static. Rather, it is illustrative of the developmental and evolving nature of these interagency arrangements. The interview data clearly suggest that this status will change; that indeed, it will move toward the integration area of the continuum. A strong indication that the participating agencies are inclined to improve their coordination and move toward integration is the unusually high amount of cooperation existing among them. There is a surprisingly lack of "turf battles" among the agencies. Several commented that they felt this provided service delivery to their clients in a more effective and efficient manner.

Table Two: Continuum of Inter-Agency Integration Efforts

	RANGE		
	Coordination	Collaboration	Integration
	⊢——	*Continuum*	——⊣
FACTORS			
Interagency Objective		X	
Interagency Policies	X		
Interagency Structure		X	
Personnel Roles	X		
Resource Allocation	X		
Power and Influence		X	
Interagency Relationships		X	

Imel (1992) analyzed interagency collaboratives that serve at-risk youth or adults and developed a guide with a six-step process to assist other agencies to develop their own collaboratives. While organizing their interagency organizational agreements, the sites in this case study employed the following collaborative strategies that closely parallel Imel's recommendations. It appeared that this process evolved during the development of each site's integrated services delivery.

- **Step 1:** Assessed the local need and climate for interagency collaboration
- **Step 2:** Articulated why collaboration is needed and listed organizations working with each other
- **Step 3:** Formed a team of participating agency policy and decision makers
- **Step 4:** Established an ongoing collaborative relationship among the agencies
- **Step 5:** Developed an action plan which defines its purposes, goals, and objectives
- **Step 6:** Provided follow-up and follow through on implementation agreements

(adapted from Imel, 1993).

Robert Bhaerman (in press) has compiled a comprehensive review of the service integration literature and correlated it to rural conditions and needs. Bhaerman feels that Melaville, Blank, and Asayesh's (1993) document cited above (see pages 57-58) contains the most thorough list of suggested strategic steps collaboratives should follow in directing their operations. Because of the thoroughness in Melaville, Blank, and Asayesh's recommended five-stage process, Bhaerman uses it as a standard to compare the various steps or phases different authors recommend that collaboratives follow. Listed below is Bhaerman's comparison of Imel's (1992) adapted six-step process to the five step process Melaville, Blank, and Ayasesh recommend.

Melaville, Blank and Asayesh	**Imel**
Stage Two in Together We Can: Building Trust and Ownership	(1) Assessed the local need and climate for interagency collaboration. (2) Articulated why collaboration is needed. Listed organizations working together and developed internal administrative support.

	(3) Formed a team of participating agency policy and decision makers. Key players were identified and selected.
	(4) Established an ongoing collaborative relationship among the agencies. Communicate frequently, maintain a client-focus orientation, and include appropriate representation on the team.
Stage Three in Together We Can: Developing a Strategic Plan	(5) Developed an action plan which defined its purposes, goals, and objectives. Created an effective environment, and developed agency and community support.
Stage Four in Together We Can: Taking Action. p.56.	(6) Provided follow-up and follow through on implementation agreements. Implement the plan (report progress, hold meetings, use committees, and create advisory groups). Maintain momentum (share successes, update plans, and expand team membership).

As indicated above, Bhaerman (in press) compares Imel's (1992) recommended steps to Melaville, Blank, and Asayesh's (1993) stages two, three and four. Although not clearly delineated in Imel's work, the sites in this case study also employed some of the milestones Melaville, Blank, and Asayesh recommend in stages one and five. As an illustration, under *Stage One: Getting Together*, each site in this case study employed some elements of three of the first four milestones listed in this stage (see pages 57-58 for a listing of milestones). Relative to milestone four, *reflecting and celebrating*, the Glendale-Azalea Skills Center and the Illinois Valley Family Coalition publicly reflected and celebrated their accomplishments. These collaboratives recognized their achievements and thanked their participants for their contributions. The Glendale-Azalea Skills Center held a ceremony dedicating its new facilities and recognizing all of the individuals who made their coordinated services collaborative possible. In the Illinois Valley, the board of directors hosted a public activity recognizing the school district's gift of the property for the coalition's office building. The board erected a sign on the property announcing the new facility.

Melaville, Blank, and Asayesh (1993) define Step Five, *Going to Scale*, as:

> . . . implementing service delivery strategies that reflect the principles of a pro family system of education and human service in every part of a jurisdiction in which they are needed. (p. 77, 78)

Implementation of the nine milestones comprising this stage varied among the sites. Milestone one, Adapt and expand the prototype to additional sites, has little relevance to rural settings. The one site in each rural community is all that each community is likely to have. In addition, considering the size of the rural communities we investigated, each collaborative certainly has had an affect on the entire community. However, each site also made strides to implement elements of milestones two, four, five, six, seven and nine that Melaville, Blank, and Asayesh emphasized within Imel's sixth strategy listed above.

The efforts in each of the sites varied by degree, and none were as developed as those exemplified in the guide book. The cases in this study paralleled their coordinated service endeavors with many of the steps Bhaerman compares above. The fact these sites implemented an organizational structure directing their activities is one reason that they have enjoyed early successes.

In conclusion, we found the following elements drawn from the research and other literature and from the case studies to be critical in the coordination/integration of services examined in these rural sites:

- These sites adopted, either formally or informally, an organized series of steps to direct the implementation of the integration efforts which facilitated collaboration.

- These sites were more engaged in delivering intervention services than they were in delivering prevention services. The importance of prevention was not overlooked, it was rather a matter of the immediate intervention needs taking precedence.

- Inter-agency collaboration in the sites in this study is much more aligned with coordination design than with true integration as defined by Nissani and Hagans (1992). The primary reason is that the integration of service delivery is developmental in nature. Interview data indicate that individual agencies are not willing to move quickly from independent operations to those that integrate their resources, policies, and administrative rules and regulations.

- Utilization of the following key operational elements assisted in the success of these sites:

    - Family Centered Service Delivery
    - Comprehensive Service Focus
    - Family Empowerment Focus
    - Local Community Focus

- Community members reflected an attitude similar to that noted by Kohlenberg and Kohlenberg (1991) of expecting to solve local problems. Furthermore, some community members also developed a willingness to become "natural caregivers" to provide solutions. However, unlike Kohlenberg and Kohlenberg's findings, the community members in these sites willingly sought outside expertise for problems beyond their capabilities.

- Each site strove to create a co-location of services employing a single point of entry for their clients.

It is clear that analysis of the interview data provides many answers to important questions about the governance, operations, and organization of these sites. However, in providing these answers the data also raises the interesting question of, "Is service coordination/integration a person, a place, or an institution ?" Each of the case study sites had a particular set of experiences with service coordination and integration that differed from the others. One site, Inchelium, demonstrated the value of a person, the ARIS, as the focus of coordination/integration; the second, Glendale-Azalea, demonstrated the value of facilities (the place) being the focus for one-stop shopping; and the third, Illinois Valley, demonstrated the value of the institution (the board of directors and policy structure) as the focus of service coordination and integration.

These sites were more engaged in delivering intervention services than they were in delivering prevention services. The importance of prevention was not overlooked, it was rather a matter of the immediate intervention needs taking precedence.

When one examines each site in turn, it is easy to justify the one under analysis as being the best exemplar of service coordination/integration. For example, Virginia LeaderCharge in Inchelium truly coordinates needed comprehensive family services to her community. She knows her community, the needed services, and who to contact. In essence, she exemplifies a needed element of service delivery. That is necessary and very important. But, on the other hand, consider the Glendale-Azalea Skills Center. The acquisition and utilization of that facility allows coordination of services to occur across a wide range of caregivers. These services could not benefit their residents as they do without the office space the school district possesses. One could clearly think this is the best example among the three sites. Then there is the Illinois Valley with its board of directors, By-Laws, and mission statement already in place. It launched their coordination efforts by first establishing their institution and governance structure. Their board

of directors and adopted policies provide an organizational structure grounding their community efforts. This approach is also very important because it establishes a new entity with the express purpose of overseeing service delivery provided by several agencies.

The three elements of a person to lead the efforts, a facility to house the service providers, and a new institution with an existing board of directors and a governance structure are equally necessary.

On reflection, it appears that none of these sites has a distinct advantage over the others. The three elements of a person to lead the efforts, a facility to house the service providers, and a new institution with an existing board of directors and a governance structure are equally necessary. The three case study sites share many similarities in their delivery of services, foremost of which is a strong belief in the value of coordinated family service. They simply started in different places and with different approaches to implement their philosophy.

The three sites in this case study implemented many governance and operations practices consistent with recommendations found in the research and other literature. Research and other literature also indicate that rural communities and schools must continue to develop approaches that meet their needs. Implementing a "boiler plate" metropolitan services model that may be effective in large urban areas is no guarantee that it will solve the individual needs facing rural communities. Rural communities and schools must be allowed to continue working together to develop programmatic solutions that truly meet their unique needs on a sustained basis.

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